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SECRETARY OF STATE OIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor				
erio ii	Allionz, LJ.	.C			
SUBJECT:					
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Shivon Patel, Esq.			
			Name of Person		
		The Principal Law Firm, F	P.L.		
			Firm/Company		
		4907 International Parkwa	y. Suite 1061		
			Address		
		Sanford, Florida 32771			
			City/State and Zip Code		
		Shivon@principallaw.net		*	
For fu	rther information co	n-mail address: (oncerning this matter, please c	to be used for future annual report notiful:	ncation)	
Shivo	n Patel, Esq.		407 322-3003 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allionz, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1.18000156723	vere filed on 06/26/18	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		18 18
(Principal office address MUST BE A STREET ADDRESS)		- SE
Trincipal office dialiess most DDA STREET ADDRESS)		2 P
		
		로 1860
Enter new mailing address, if applicable:		<u></u> ਲ਼ਫ਼ਫ਼
(Mailing address MAY BE A POST OFFICE BOX)		ORPORATIONS OPHIZ: 46
B. If amending the registered agent and/or registered office address here:		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Z	ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am famil ovided for in Chapter 605, F.S. Or, if th	liar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeremy Thompson	9250 Cypress Green Drive	
		Jacksonville, Florida 32256	☐ Remove
			☐ Change
AMBR	Karan Sutaria	9250 Cypress Green Drive	∃ Add
		Jacksonville, Florida 32256	☐ Remove
AMBR	Viresh Patel	9250 Cypress Green Drive	
		Jacksonville, Florida 32256	Remove
			🗅 Add
			□ Remove
			☐ Change
	•		Add
			□ Remove
		·	Change
		<u> </u>	
			☐ Remove
			Change

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Effective date, if other than the date of filing: (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020'  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	_			•
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Dated July 24 2018			arlie	r of:
Wate X.	Dated	July 24 . 2018		
Signature of a member of authorized representative of a member		Signature of a member of authorized representative of a member	_	
VIRESH PATEL		VIRESH PATEL		

Page 3 of 3

Filing Fee: \$25.00