

L18000157389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

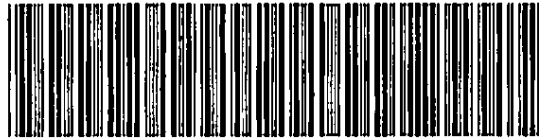
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/21/21
[Signature]

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **CVS 301 PROPERTY LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vikas Patel

Name of Person

CVS 301 PROPERTY LLC

Firm/Company

19544 Lonesome Pine Drive

Address

Land O Lakes, FL - #4638

City/State and Zip Code

Vicpatel15@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vikas Patel

732 429 3330

at () Daytime Telephone Number
Name of Person Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Vitens Patel
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Vikas Patel	19544 Lonesome Pine Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes , FL-34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vikas Patel	19544 Lonesome Pine Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes , FL-34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chetan Patel	4556 Pensford Court	<input type="checkbox"/> Add
		Wesley Chaple , FL- 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chetan Patel	4556 Pensford Court	<input type="checkbox"/> Add
		Wesley Chaple , FL- 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Viktor Patel,
Signature of a member or authorized representative of a member

Typed or printed name of signee