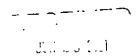
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Division of Cor		4 1	•
	ROPERTY LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vikas Patel		
		Name of Person	.
	CVS 301 PROPERTY LLC	<u>:</u>	
		Firm/Company	
	19544 Lonesome Pine Driv	ve	
·		Address	
	Land O Lakes , FL - #463	8	
		City/State and Zip Code	
	Vicpatel15@yahoo.com	to be used for future annual report noti	Gention
Conformation in formation of		·	теанону
	oncerning this matter, please ca		
Vikas Patei		732 429 3330 at ()	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited I Florida document number L18000157389	Liability Compan	y were filed on 06/27/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		19544 Lonesome Pine Dtive ,	<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)	Land O Lakes . FL -34638	-77
3. If amending the registered agent and/or	~	address on our records, enter the	name of the new regis
gent and/or the new registered office addre	ess here:		50
Name of New Registered Agent:	Vikas Patel		
New Registered Office Address:	19544 Lonese	ome Pine Drive	
The state of the s	•	Enter Florida street address	
	Land O Lakes	, Florid	a 34638
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CVC MUDDODEDTVIIC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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
MGR	Vikas Patel	19544 Lonesome Pine Drive	■Add
		Land O Lakes , FL-34638	□Remove
			□Change
AMBR	Vikas Patel	19544 Lonesome Pine Drive	■ Add
		Land O Lakes , FL-34638	□Remove
			□ Change
MGR	Chetan Patel	4556 Pensford Court	□Add
		Wesley Chaple , FL- 33543	≣Remove
			□Change
AMBR	Chetan Patel	4556 Pensford Court	□Add
		Wesley Chaple , FL- 33543	= Remove
			్షు) [I] Change
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			Change

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Signature of a member or authorized representative of a member Vikas Patel	S	riginative of a member of juditorized	representative vit a member	

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