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Certified Copies	_ Certificate:	s of Status
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TALL AHASSES

LLC Amend. 03/13/19 DC



February 19, 2019

JAYESH PATEL 150 DOUGLAS AVE. ALTAMONTE SPRING, FL 32714

SUBJECT: 5G DEVELOPMENT AND MANAGEMENT LLC.

Ref. Number: L18000224915

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

_Darlene Connell Regulatory Specialist II Supervisor

LLI

Letter Number: 519A00003526

COVER LETTER

.p. 1°

TO:	Registration Se Division of Cor			
cup m		OPMENT AND MANAGEM	ENT LLC	
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JAYESH PATEL		
		G5 DEVELOPMENT AND	Name of Person MANAGEMENT LLC	
150 DOUGLAS AVENUE		Firm/Company		
		ALTAMONTE SPRING, FL	Address ,32714	- 1
		JDPBESTWEST@GMAIL.C	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furt	ther information co	oncerning this matter, please ca	all:	
JAYES	SH		407 928-0999 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	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:

TO:

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

5G DEVELOPMENTAND MANAGMENT LLC., (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on $09/21/18$ and assigned
Florida document number <u>L 18000224915</u>	my were fried on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	——————————————————————————————————————
(Principal office address MUST BE A STREET ADDRESS)	
	A
	SSE A FEE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>iere</u> :
N. O. C.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	nt:
	agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and comple	ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is
Company has been housed in writing of this Change.	
Īſſ	hanging 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

Title	<u>Name</u>	Address	Type of Action
Mr.	BHARAT DESAI	19700, US. HWY H41, MOUNT DORA-FL-327	
			□ Remove
			Change
MR. UMES	UMESH PATEL	3001 ALOMA AVE. WINTER PARK FL. 33	
	(1 200)		Remove
			Change
			□ Remove
			Change
		D Add	
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗅 Add
			□ Remove
			Change

	·
Note:	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	June 110
	Signature of a member or authorized representative of a member
	JAYEŞH D PATEL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00