## 118000 240851

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO:

TO: Registration Division of C	Section Corporations			
HARI B	EVERAGE, LLC			
	Name of Li	mited Liability Company		_
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
	spondence concerning this matter			
	VESNA BEGER			
	V & B ACCOUNTING S	Name of Person		 
		Firm/Company		ing 657 29
	8031 EBERSOL RD			27 E
	JACKSONVILLE, FL 32	Address 216		
	BHAVIN1229@GMAIL.C	City/State and Zip Code		_ ;
	E-mail address: (	(to be used for future annual	report notification)	_
For further information	concerning this matter, please c	all:		
BHAVIN PATEL		859 at ( )	279-5555	
Name	of Person	Area Code	Daytime Telephone Numb	<del>-</del>
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific osed) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
Regis Divisi P.O. E	JNG ADDRESS: tration Section on of Corporations Box 6327 lassee, FL 32314	Registratio Division o Clifton Bu	of Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARI BEVERAGE, LLC	ted Liability Company as it now ann	ears on our records.)
1. The of the party	ted Liability Company as it now app (A Florida Limited Liability Company	y)
The Articles of Organization for this Limited L. Florida document number L180000240851		10/11/2018 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		<del></del>
		2
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u></u>	
3. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the no
Name of New Registered Agent:	BHAVIN PATEL	
New Registered Office Address:	7077 NORMANDY BLVD ST	E 5
	Enter 1	Florida street address
	JACKSONVILLE	, Florida 32205
	City	Zip Code

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

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	NISHANT PATEL	1375 FRYSTON ST	
		SAINT JOHNS, FL 32259	
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			□ Remove
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, ir umonang uny o	other information, enter change(s) here: (Attach additional she	out y needdaar, r,
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(If an effective date is lis Note: If the date ins	ther than the date of filing:sted, the date must be specific and cannot be prior to date of filing or more than serted in this block does not meet the applicable statutory filing require e date on the Department of State's records.	
) The 90th day a	es a delayed effective date, but not an effective time, a after the record is filed.	t 12:01 a.m. on the earlier of
Dated	1c/23. 2018	
	Signature of a member or authorized representative of a men	nber
	BHAVIN PATEL Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00