## 118000 242035

(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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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations						
eudicat.		ENTE LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.					
		endence concerning this matter						
		···	g.					
		PRITHI DASWANI						
			Name of Person					
		PRITHI DASWANI CPA	PL					
			Firm/Company	<del></del>				
		6735 CONROY ROAD, S	6735 CONROY ROAD, SUITE 315					
			Address	· · · · · ·				
		ORLANDO, FLORIDA 32	2835					
		<del></del>	City/State and Zip Code					
		PRITHID@CPA.COM	to be used for future annual report not	fication)				
For further in	formation c	oncerning this matter, please ca		meation)				
		oncerning this matter, piease ea						
PRITHI DASWANI			at ()	ne Telephone Number				
	Name o	f Person	Area Code Daytin	e Telephone Number				
Enclosed is a	a check for th	ne following amount:						
■ \$25.00 F	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)				
	iling Addres		<u>Street Address:</u> Registration Se	ection				
-	-	Corporations	Division of Co					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned			
and assigned			
abbreviation "L.L.C."			
<b>202</b>			
DAUG			
<u> </u>			
me of the new reg			
Enter Florida street address			
Zip Code			
gree to comply w familiar with an			

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
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			□Remove
			□ Change
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	must be specific ar is block does not	nd cannot be prior to meet the applica	o date of filing or r ble statutory fili	nore than 90 days after	tional) er filing.) Pursus	ant to 605.0	207 I as
ecord specifies a delayed efficiency is filed.	ective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (	(b) The 90th	day after t	.he
JUNE 15		2020					

Filing Fee: \$25.00