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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

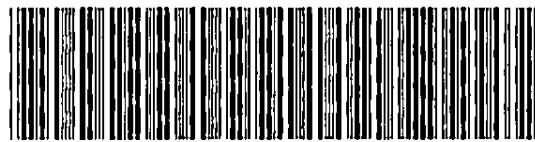
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Patel Velocity Logistics 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:

Jay Patel

\_\_\_\_\_  
Name of Person

Patel Velocity Logistics

\_\_\_\_\_  
Firm/Company

1985 Greenbriar Ter

\_\_\_\_\_  
Address

Davenport/FL 33837

\_\_\_\_\_  
City/State and Zip Code

patelvelocitylogistics.com

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

For further information concerning this matter, please call:

Dhunisha Patel

407 5922762  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input 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)
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**MAILING ADDRESS:**

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**

Patel Velocity Logistics 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 Company were filed on November 16th 2018 and assigned Florida document number 1.18000268393.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1985 Greenbriar Ter  
**Principal office address MUST BE A STREET ADDRESS)** Davenport, FL 33837

Enter new mailing address, if applicable: 1985 Greenbriar Ter  
**Mailing address MAY BE A POST OFFICE BOX)** Davenport, FL 33837

**3. 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 here:**

Name of New Registered Agent: \_\_\_\_\_  
New Registered Office Address: \_\_\_\_\_  
Enter Florida street address \_\_\_\_\_  
City \_\_\_\_\_, Florida \_\_\_\_\_  
Zip Code \_\_\_\_\_

**FLA 1474106102**

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Umesh Patel	401 SE 36th Lane Ocala, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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17. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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)

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

Dated October 1st 201

2019

9

Signature of a member or authorized representative of a member

Jay Patel

Typed or printed name of signee