

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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August 7, 2024

DAVIN PATEL 17030 MEDICI WAY MONTVERDE, FL 34756

SUBJECT: PATEL INVESTMENT SERVICES LLC

Ref. Number: L19000020193



We have received your document for PATEL INVESTMENT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 424A00017474

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Patel Investment Name of Lin	Services LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
De:	Nin Patel Name of Person
<u>Self</u>	Patel Invectment Services LLC Firm/Company
17030 Ma	edici Way,
Montverde deving	City/State and Zip Code Cate of the Grand Com (to be used for future annual report notification)
For further information concerning this matter, please c	
Devin Patel Name of Person	at (407) 813-7456 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status \$35 Check.	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

tatel Investment	pervices LL
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comparing L19000020193	- le lana
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I DPLEGACY LLC The new name must be distinguishable and contain the words "Limited I.	
Enter new principal offices address, if applicable:	17030 Medici Way
(Principal office address MUST BE A STREET ADDRESS	Montvarde, FL 34756
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17030 Medici Way, Mentverde FL 34756
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	in Patel
New Registered Office Address: 170	Botel Way Enter Florida street address
Mon	Lvede Florida 34786 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
,			□Add
			□Remove
			□Change
			□Add
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lf an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	FUCTOR 11 . 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00