## L190000 86652

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## **COVER LETTER**

Division of Co		1	<u> </u>
Meshva L			•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Ankit B Patel		
	Meshva LLC	Name of Person	
	7852 Land O Lakes Blvd	Firm/Company	
	Land O Lakes, Fl. 34638	Address	
	abpatel5525@gmail.com	City/State and Zip Code	
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi	cation)
Ankit B Patel	concerning this matter, prease ea	813 995-2544	
	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## \_ARTICLES\_OF\_AMENDMENT\_\_\_\_ TO ARTICLES OF ORGANIZATION OF

	## :: Description
Meshva LLC (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)
(A Florida Limited Li	
The Articles of Organization for this Limited Liability Company	were filed on 03/22/2019 and assigned
Florida document number L19000086652	in the second se
This amendment is submitted to amend the following:	77. 73
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	See address on our meands arter the many of the our
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address	·
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	, Florida
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	, Florida
	Florida  City Zip Code  See to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	Florida  City Zip Code  See to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

## 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
MGRM	Anki B Patel	7852 Land O Lakes Blvd	
	- <del></del>		
		Land O Lakes, FL 34638	
			Remove
			Change
MGRM	Ankit B Patel	7852 Land O Lakes Blvd	
	<del></del>		
		Land O Lakes, FL 34638	
		<del></del>	Remove
			Channel Channel
			☐ Change
			Add
<del></del>		<del></del>	
			Remove
			□ Change
			□ Remove
			☐ Change
		<del></del>	
		<del></del>	□ Remove
			Character Character
			□ Change
			☐ Remove
			□ Change
	Page	e 2.of.3	

	03/22/2019	 	
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Filing Fee: \$25.00