L19000153651

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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> FILED 2020 OCT 20 PH 4: 30

COVER LETTER

Division	of Corporations	
JMC SUBJECT:	HARILLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	ANKITKUMAR H PANDYA	
	Name of Person	
	JMG HARLLLC	
	Firm/Company	
	2763 CARMEL CT	
	Address	
	KISSIMMEE FL 34746	
	City/State and Zip Code	
	ankitpandya2424@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
ANKITKUMAR	H PANDYA/ HETAL A PANDYA 941 807-4177	
	at () Same of Person Area Code Daytime Telephone Number	_
Enclosed is a chec	s for the following amount:	
☐ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	Status & y

TO:

Registration Section

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

JMG HARI LLC		
(Name of the Limited L.) (A F	iability Company as it now appears on our records, lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 06/10/2019	and assigned
Florida document number L19000153651		M.
This amendment is submitted to amend the followin	iā:	DOCT F
A. If amending name, enter the new name of the	e limited liability company here:	or the abbreviation "L.I.K."
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.X."
Enter new principal offices address, if applicable	:	30
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:		ne name of the new registered
New Registered Office Address:		
The Registres Office Address.	Enter Florida street address	
_	Flor	ida
	Cuy	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>	<u>Address</u>	Type of Action
AMBR	HETAL R PATEL	2520 INTERLOCK DR	
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			- IRhangan
AMBR	HETAL A PANDYA	2520 INTERLOCK DR	Remove 2020 Change 120 Add H
		KISSIMMEE FL 34741	
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			□Change

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ctive date, if other than th	e date of filing:	(ontional)
effective date is listed, the date m	e date of filing: ust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the	Department of State's records.	ring requirements, this date will not be fisted
cord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01 a.i	m, on the earlier of; (b) The 90th day after t
ed	2020	
	11.1.1	
———— <i>(</i>	Signature of a membrajor authorized representat	

Filing Fee: \$25.00