## 119000155965

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer  |
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## CORPORATE

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| -                |                    | WALK IN                                   |
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|                  | CERTIFIED C        | DPY                                       |
| xx               | РНОТОСОРУ          |   |
|                  | CUS                |   |
| xx               | FILING             | LLC AMEND                                 |
| 1.               | SHREEJI YULEF      | C, LLC ND DOCUMENT #)                     |
| 2.               |                    |   |
| 3.               | (CORPORATE NAME AS | ID DOCUMENT #)                            |
| .4               | (CORPORATE NAME AN | ID DOCUMENT #)                            |
| 4.               | (CORPORATE NAME AS | ID DOCUMENT #)                            |
| 5.               | (CORPORATE NAME AN | ID DOCUMENT #)                            |
| 6.               | (CORPORATE NAME AN | ID DOCUMENT #)                            |
| SPECIA<br>INSTRU | AL<br>JCTIONS:     | Please debit this account:<br>FCA00000011 |
|                  |                    | \$25.00                                   |
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## **COVER LETTER**

TO:

Registration Section

| Division of Cor   | porations                                    |  |   |   |
|---|--|--|---|---|
|   | 'ULEE, LLC                                   |  |   |   |
| SUBJECT:  | Name of Lin                                  | nited Liability Company  |   |   |
|   |  |  |   |   |
|   |  |  | •   |   |
| The enclosed Articles of  | Amendment and fee(s) are sub                 | omitted for filing.  |   |   |
| Please return all correspo  | indence concerning this matter               | to the following:  | ;   |   |
|   | VESNA BEGER                                  |  |   |   |
|   |  | Name of Person   |   |   |
|   | V & B ACCOUNTING SE                          | ERVICES, INC   | 1   |   |
|   | <del></del>                                  | Firm/Company   | <del></del> -   |   |
|   | 8825 PERIMETER PARK                          | BLVD STE 302   |   |   |
|   |  | Address  | · · · · · ·   | • |
|   | JACKSONVILLE, FL 322                         | 216  |   |   |
|   |  | City/State and Zip Code  | 1   |   |
|   | VANDBACC @GMAIL.C                            | ОМ   | •   |   |
|   | E-mail address: (                            | to be used for future annual report noti                                       | lication):  |   |
| For further information c   | oncerning this matter, please c              | all:   | i   |   |
| VESNA BEGER   |  | 904 422-6813<br>at()   |   |   |
| Name o  | f Person                                     | Area Code Daytime  | e Telephone Number  |   |
| Contained in a shoot fact   | 6. Wanting and a second                      |  |   | ٠ |
| Enclosed is a check for th  | _  | _  |   |   |
| ≅ \$25.00 Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)            | S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl |   |
|   |  |  |   |   |
| Mailing Address Registration Solvision of Control P.O. Box 632 Tallahassee, I | Section<br>Corporations<br>17                | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro | porations   |   |
|   | +  | Tallahassee El   |   |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHREEJI YULEE, LLC  | •   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability Comps<br>(A Florida Limited  | any as it now appears on our records.) Liability Company) |                          |
| The Articles of Organization for this Limited Liability Company Florida document number £19000155965              | were filed on 06/12/2019                                  | and assigned             |
| This amendment is submitted to amend the following:   | ,   |                          |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                       |                          |
| SHREEJI 9, LLC  | •   |                          |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the               | e abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | 551055 US 1   | <del>,,,,,</del>         |
| (Principal office address MUST BE A STREET ADDRESS)   | HILLIARD, FL 32046  | \$E. 22                  |
|   |   | # 18 EX                  |
|   | <del></del> _   |                          |
| Enter new mailing address, if applicable:   | 96515 CHESTER RD  | - "                      |
| (Mailing address MAY BE A POST OFFICE BOX)  | YULEE, FL 32097   | X.                       |
|   |   | <u> </u>                 |
|   |   | <del>≠</del> 0.          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the n</u>                | ame of the new registere |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Florida street address                              |                          |
|   | . Florida   |                          |
| <del></del>   | City , P to rida  | 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 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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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or mo  Note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records. | (optional) ore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.  | on the earlier of: (b) The 90th day after the   |
| Dated 4/25/2022   |   |
| wignature of a member or authorized representative  | of a member   |
| HARIKRUSHNA PATEL   |   |

Filing Fee: \$25.00