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### **COVER LETTER**

TO:	Registration Se Division of Cor			
erm n	Jay Shiv &	Akash LLC		
SUBJ	ECI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	•	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kalpesh Patel		
		Jay Shiv & Akash LLC	Name of Person	
		4255 S Ferndon Blvd	Firm/Company	
		Crestview FL 32536	Address	<del></del>
		smtm3221@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Kalpes	sh Patel		606 271-2218	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>□</b> \$2	5.00 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)

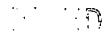
TO:

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



2019 AUG 26 AH II: 26

(Name of the Lim	ted Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited E Florida document number L19000163076	Liability Compan	ny were filed on June 25, 2	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ibility company here:	
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		4255 0 2 2 2 2 2	
Enter new mailing address, if applicable:		4255 S Ferndon Blvd	
(Mailing address MAY BE A POST OFFICE	(BOX)	Crestview FL 32536	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			records, enter the name of the
New Registered Office Address:	4255 S Fernde	on Blvd	
New Registered Office Address.		Enter Florida stree	et address
	Crestview		, Florida <u>32536</u>
		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>	Name Name	Address	Type of Action
MBR	Himanshu B. Patel	4255 S Ferndon Blvd	
		Crestview FL 32536	Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
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	(antinant)	
filing or more than 90 da	ys after filing.) Pursuant to 60	
ective time, at 12	2:01 a.m. on the earl	ier o
of atu	of filing or more than 90 da atutory filing requiremen	(optional) of filing or more than 90 days after filing.) Pursuant to 60 attotory filing requirements, this date will not be listered by the control of the c

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00