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TO: Registration Section Division of Corporations
SUBJECT: Shri Ji Maharaj Stacke LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anilbhai Jagubhai Patel Name of Person
Firm/Company
739 N. Temple AVE, Starke, FC- 3209/
Starke, FL - 3209   City/State and Zip Code  Potel mike 91 @ 9 may 1. Com  E-mail address: (to be used for future annual report notification)
Partel mike as @ gmail. Com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Name of Person at ()  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Shri Ti Maharai Starke LLC

(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here: چې
The new name must be distinguishable and contain the words "Limited Liabili-	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	739 N. Temple AVE
(Principal office address MUST BE A STREET ADDRESS)	739 N. Temple AVE Starke, FL- 32091
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  139	M. Temple Ave  Enter Florida street address  V. E. Florida 3091  City Zip Code
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 of company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is
1f Chang	ting Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Vice Preson	Chandrakant J Palel	739 N Temple AVE Starke-FC- 32091	<del>D</del> Add
,		2145KE - PC - 25011	□Remove
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Note: If t	date, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applic to seffective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 6 cable statutory filing requirements, this date will not be list.	05.0207 isted as
	d specifies a delayed effective date, but no th day after the record is filed.	ot an effective time, at 12:01 a.m. on the ear	lier of
	11/20/2019 A-y Patel		

Anilbhai Jagubhai Patel
Typed or printed name of signee