

L20 0000 29217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

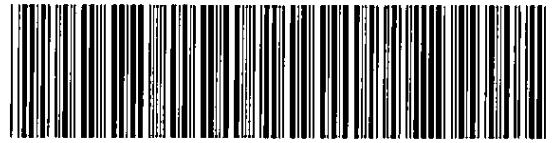
(Business Entity Name)

(Document Number)

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2020 FEB 18 AM 7:42  
STORVICK, J. PETER  
TALLAHASSEE, FL

O SIMMONS  
MAR 11 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SHREE BEVERAGE DISTRIBUTORS 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:

RITA VIROJA

Name of Person

SHREE BEVERAGE DISTRIBUTORS LLC

Firm/Company

9542 SHEPARD PL.

Address

WELLINGTON, FL 33414

City/State and Zip Code

JVIROJA@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA VIROJA 561 767-2593  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHREE BEVERAGE DISTRIBUTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-23-2020 and assigned  
Florida document number L20000029217.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Type of Action</u>
AR	RITA VIROJA	9542 SHEPARD PL. WELLINGTON, FL 33414	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		CHANGE TITLE FROM " AR " TO " MGR "	<input checked="" type="checkbox"/> Change
AR	JAGMOHAN VIROJA	9542 SHEPARD PL. WELLINGTON, FL 33414	<input type="checkbox"/> Add
		REMOVE ANY DESIGNATION FROM THE CPMP,	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DATE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

JAGMOHAN VIROJA DOES NOT WANT TO BE A PART OF THIS COMPANY.

PLEASE REMOVE HIS NAME FROM THIS COMPANY.

2020 FEB 18 AM 7:42  
STATE  
TALLAHASSEE

FILED

**E. Effective date, if other than the date of filing:** 02-17-2020 at 12:01 AM (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Rita Viroja 02/13/20  
Signature of a member or authorized representative of a member

RITA VIROJA

Typed or printed name of signee