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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,





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D. BRUCE AUG 1 0 2020

Jabereshwa	· 1 1 c'			
SUBJECT:				-
	Name of Lun	rted Laability Company		
he enclosed Atticles of	Amendment and fee(s) are sub	matted for filing		
	ndence concerning this matter			
	Manoj Patek			
		Name of Person		
	Jabereshwar I I C			
		Lum Company		_
	5301 Satel Dr			
		Address		
	Orlando, FL 32810			
		City State and Zip Code	· · · · · ·	
	manog l'Spatel a ginail com			
	Esmail address (to be used for future annual rep	ort notification)	-
or further information e	oncerning this matter please co	aH		
Manoj Patel	467 451-5872			
Name o	f Person	at (; Area Code	Daytime Telephone Numb	
Innelosed is a check for th	ic following amount			
≌ \$25 00 Fding bee	☐ \$30 in Filing tree & Certificate of Status	[] \$58 00 Fring Lee & Certified Copy (additional copy is enclose	d) Certifi	Filing Fee of Status of Copy of all copy is enclosed.

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
audubussee, 11,72300

TO ARTICLES OF ORGANIZATION OF

Jabereshwar LLC

New Registered Agent's Signature, if changing Registered Agent:	18
	Zap Unde
Florida	. <u></u>
Enter Florida street acklress Florida	<u>.</u>
New Registered Office Address.	
Name of New Registered Agent	
Name of No. 10.	
B. If amending the registered agent and/or registered office address on our records, enter the nanagent and/or the new registered office address here:	<u>ie of the new i</u>
(FRAILING GRANT SEE A POST OF FICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	
The new name into the distinguishable and contain the words "I imited I tability Company," the designation "i.i.C" or the a	bineviation (i. l.)
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following	
Florida document number 1,2000(12)(625)	
The Articles of Organization for this Limited Liability Company were filed on 05/13/2020	and assig
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Houda Limited Liability Company)	

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MBR	Faraben Patel	5301 Satel Dr	
		Orlando, FL 32810	□Remov
			Change
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fective date, if other than the date of filing: $\frac{ ext{May}(13,202)}{ ext{may}}$	
in effective date is listed, the date must be specific and cannot be prior to	date of filing of more than 90 days after filing a Pursuant to 60
ote: If the date inserted in this block does not meet the applicationment's effective date on the Department of State's records.	ble statutory. Itting requirements, this date will not be fr
ecord specifies a delayed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b). The 90th day at
is filed	•
Tin 164 0 20	
med July 16th 2020	- ^
$m \circ c$	2 (20)
Signature of a member or author	Cliff 1
idanoj Patel (172.77)	of PATEL

Filing Fee: \$25.00