

L20000158062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

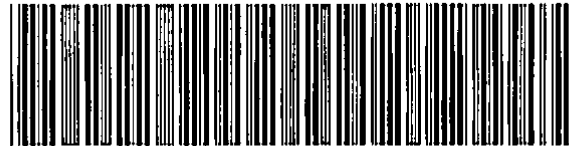
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300372230023

2001-23 PM 4:21
- 2001

don A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAY & SHWETA 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:

KALPESH PATEL

Name of Person

JAY & SHWETA LLC

Firm/Company

4040 S FERNDON BLVD

Address

CRESTVIEW FL 32536-5219

City/State and Zip Code

SMTM3221@GMAIL.COM

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

For further information concerning this matter, please call:

KALPESH PATEL

606

271-2218

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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
Tallahassee, FL 32303

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

JAY & SHWETA 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 06/10/2020 and assigned Florida document number L20000158062.

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)

4040 S FERNDON BLVD

CRESTVIEW FL 32536-5219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1260 HERON LAKES CIR

MOBILE AL 36693

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:

4040 S FERNDON BLVD

Enter Florida street address

CRESTVIEW

City

, Florida

32536-5219

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BHARATKUMAR MAISURIA	4040 S FERNDON BLVD	<input checked="" type="checkbox"/> Add
		CRESTVIEW FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HIMANSHU B PATEL	4255 S FERNDON BLVD	<input checked="" type="checkbox"/> Add
		CRESTVIEW FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DENISHKUMAR K PATEL	1133 S MCKENZIE ST	<input checked="" type="checkbox"/> Add
		FOLEY AL 36535	<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

OWNERSHIP PERCENTAGE OF THE MEMBERS IS AS FOLLOWS:

KALPESH PATEL 51%

BHARATKUMAR MAISURIA - 25%

HIMANSHU B PATEL - 12%

DENISHKUMAR K PATEL - 12%

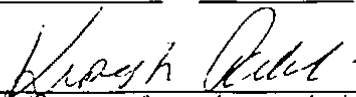
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 13, 2021



Signature of a member or authorized representative of a member

KALPESH PATEL

Typed or printed name of signee

Filing Fee: \$25.00