# L20000229250

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(Cit	ty/State/Zip/Phone	: #)
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### TO: Registration Section Division of Corporations

SHREE SAI PROPERTIES LLC

SUBJECT:\*\_\_\_\_

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:

KETANKUMAR K PATEL

Name of Person

SHREE SALPROPERTIES LLC

Firm/Company

159 NW 70TH ST APT # 517

Address

BOCA RATON FL 33487

City/State and Zip Code

## LAQUINTADFB@GMAIL.COM

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

For further information concerning this matter, please call:

KETANKUMAR K PA'	FEL	847 387-9181 at ( )			O A UC	ĒĿ.
Name o	f Person	Area Code Day	ame Telephone Number		IL PH	,
Enclosed is a check for the	he following amount:		:		ŝ	$\Box$
■ \$25.00 Filing Fee	LI \$30.00 Filing Fee & Certificate of Status	L \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	L \$60.00 Filing Certificate of Certified Cop (additional copy	`Status i iy		

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 202 T

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHRE	E SALPROPERTIES LLC		
( <u>Name of the Limited Liabi</u> (A Florie	ility Company as it now appear da Limited Liability Company)	<u>s on our records.</u> )	
The Articles of Organization for this Limited Liability Florida document number L20000229250	Company were filed on	07/31/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		cords, <u>enter the na</u>	
agent and/or the new registered office address here	:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	idu street address	
		, Florida _	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

۰.

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

۰ ۰ 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	Address	Type of Action
AR	KANUBHAI K PATEL	159 NW 70th St APT 517 Boca Raton FL 33487	🗋 Add
			Remove
			🗆 Change
AMBR	URMILKUMAR K PATEL	159 NW 70th St APT 517 Boca Raton FL 33487	🖬 Add
			🗆 Remove
			□Change
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			🗆 Add
			🗆 Remove
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			L Add
			🗆 Change

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

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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.

Aug Q. Rectel Dated \_\_

Signature of a member or authorized representative of a member

KETANKUMAR K PATEL

Typed or printed name of signee

Filing Fee: \$25.00