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#### **COVER LETTER**

Division of Corporations	
SUBJECT: SAHAI LAW 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:	
Ziara Sahai Esq. Name of Person 2	
SAHAI LAW, PLLC Firm/Company	
2284 Oceanshore Blvd.	
Ormond Beach, FL  City/State and Zip Code  Ziararose & gmail. Com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ziara Sahai at 561 409-7180  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & Certificate of Status \$\Bigsquare \\$55.00 Filing Fee & Certificate of Status \$\Bigsquare \\$60.00 Filing Fee, Certificate of Status & Certificate of	)

### Mailing Address:

**Registration Section** 

TO:

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**

***	
SAHAI LAW,	LLC 3
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 42000270295	were filed on Aug. 31, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SAHAL LAW, PLLC The new name must be distinguishable and contain the words "Limited Liabili	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." 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)	
page to the first term of the state of the s	diameter and autouthors are of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida \_

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D. If amend	ing any oth	er inforn	nation, ent	er change	(s) here: <i>(A</i>	ttach ac	lditional she	zets, if ne	cessary.)		
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the record specord is filed.		layed effec	ctive date, bu	it not an eff	ective time,	at 12:01.	a.m. on the c	earlier of:	(b) The	Oth day afte	rthe
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