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COVER LETTER

	gistration Se ision of Cor					
SHRIFCT.	SAGGARV	VAL_IRA. LLC	•			
SUBJECT.		Name of Lin	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		SANJAY AGGARWAL				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		SAGGARWAL_IRA, LLG				
			Firm/Company	 		
		1430 NE 101ST STREET				
			Address			
		MIAMI SHORES, FL 331	38			
			City/State and Zip Code			
		SAGGARWAL@SAR-TRI				
			to be used for future annual report no	otification)		
For further ii	iformation c	oncerning this matter, please c	all:			
SANJAY A	GGARWAL		305 549-4011 ar()			
	Name o	t [*] Person		me Telephone Number		
Enclosed is a	i cheek for th	ne following amount:				
\$25.00 1	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		
	iling Addres		Street Address:			
	gistration S			Registration Section		
	71810n of C). Box 632	orporations 7	Division of Co The Centre of	-		
	lahassee. I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAGGARWAL IRA 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 $\frac{11/25/2020}{2}$ and assigned Florida document number L20000371595 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 "LLC." 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:

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.

Enter Florida street address

__ Florida ___

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>	Type of Action
MGR	Preety Aggarwal	1430 NE 101st Street, Miami Shores, FL 33138	□Add
			■Remove
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	(0) tte of filing or more than 90 days a	ptional) after filing) Pursuant to 605.020
e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable		
·			
cord specifies a delayed effective (s filed.	date, but not an effective time.	at 12:01 a.m. on the earlier of	: (b) The 90th day after the
December 10	. 2020		
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