## 12000056644

(Re	equestor's Name)	
(Ac	ldress)	-
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Caralaltanton		
Special Instructions to	Filing Officer:	
		}

Office Use Only



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	COVER LETTER  Registration Section Division of Corporations		
SUBJEC	APATEL LLC		
<i>y</i> (	Name of Limited Liability Company		
	osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:		
	ARATI PATEL		
	Name of Person		
	APATEL LLC		
	Firm/Company		
	4101 W VINE STREET		
	Address		
	KISSIMMEE FL 34741		
	City/State and Zip Code		
	PATELARATH975@GMAIL.COM		
For furth	E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:		
ARATI	PATEI. 407 222-1665		
	Name of Person at (		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATATED DEC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000566</u> 4		and assigned
his amendment is submitted to amend the following:	·	
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	4101 W VINE STREET	
	KISSIMMEE FL 34741	
nter new mailing address, if applicable:	2927 BLOOMING ALMANDA LOOP	
Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE FL 34747	
3. If amending the registered agent and/or registered office a	100 mg	
ent and/or the new registered office address here:	iddress on our records, enter the name	of-the new-regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Florida	
	City	Zip Code

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

ADATELLIC

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 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>	Address	Type of Action
		4101 W VINE STREET	<b>=</b> Add
		KISSIMMEE FL 34741	□Remove
		2927 BLOOMING ALAMANDA LOOP	■Change
		KISSIMMEE FK 34747	
		AARTI PATEL	
MGR	ARATI PATEL		
			□Remove
			☐ Change
-			□Add
			□ Remove
			□Change
			□Add
			□Remove
			🗆 Change
····			🗀 Add
			□Remove
			□Change

4101 W VINE STREET KISS	SIMMEE FL 34741
ALSO PLEASE CORRECT C	DWNER NAME FROM AARTI PATEL TO ARATI PATEL
	<del></del>
<del></del>	
·	
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ective date, if other than the d	late of filing:(optional)
e: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
ord specifies a delayed effective of filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed MARCH 10	2021
	1

Typed or printed name of signee