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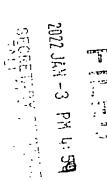
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of C	orporations		
Shreya &	Veer Enterprises, LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Janki Patel		
		Name of Person	
	J P Consulting CPA PC		
		Firm/Company	
	117 Sussex Rt		
		Address	
	Pooler, GA 31322		
		City/State and Zip Code	
	jpatel@jpconsultingcpa.cor	n to be used for future annual report not	itication)
For further information	n concerning this matter, please co		·
Raj Patel		912 655-2871	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shreya & Veer Enterprises, LLC

2022 JAN -3 PM 4: 54

pany as it now appears on our re	ecords.)
	· 放射性 经分类的
ny were filed on July 19, 202	and assigned
ability company here:	
bility Company." the designation	"LLC" or the abbreviation "L.L.C."
601 North Federal Hwy	
Apt # 135	
Pompano Beach, FL	
E address on our records, <u>c</u>	mer the name of the new register
Enter Florida street a	ddress
	. Florida
City	Zip Code
nt:	
	601 North Federal Hwy Apt # 135 Pompano Beach, FL e address on our records, e

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 Type of Action **Title** Name **Address** _____ □Add _____ □Change ______ □Remove _____ □Remove ______ □Change

_____ □Change

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Rig Patel	Signature of a member or authorize	ed representative of a member	