

L21 000 348228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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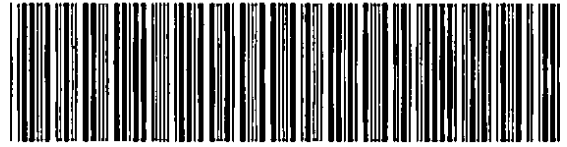
(Business Entity Name)

(Document Number)

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2021 NOV 15 AM 11:47
TOLSON

A. BUTLER

DEC - 4 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SN Capital LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tejash Patel

Name of Person

SN Capital LLC

Firm/Company

11412 DUTCH IRIS DR

Address

RIVERVIEW, FL 33578

City/State and Zip Code

manishp@yahoo.com

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

For further information concerning this matter, please call:

Manish Patel

813

2709896

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 NOV 15 AM 11:47

SN Capital 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 08/02/2021 and assigned
Florida document number 1.21000348228.

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 "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)

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:

Enter Florida street address

Florida

City

Zip Code

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kinjal Patel	9105 Oak Pride Ct	<input type="checkbox"/> Add
		Tampa FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Riddhi Siddhi Investment LLC	9105 Oak Pride Ct	<input checked="" type="checkbox"/> Add
		Tampa FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vipul Bhavani	14802 Yellow Lupine Dr	<input checked="" type="checkbox"/> Add
		Bakersfield CA 93314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Harshadkumar Patel	5830 Tulip Flower Drive	<input checked="" type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maheshkumar Kaneria	25172 Huston St	<input checked="" type="checkbox"/> Add
		Stevenson ranch CA 91381	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The Patel Family Revocable Trust	10830 WUNDERLICH DR	<input checked="" type="checkbox"/> Add
		CUPERTINO, CA 95014-3851	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nikhil Patel	760 Rosemary Cir	<input checked="" type="checkbox"/> Add
		Bradenton FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vijtej Irrevocable Trust Agreement	17936 Cachet Isle Dr	<input checked="" type="checkbox"/> Add
		Tampa FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		17936 Cachet Isle Dr	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated Nov 09, 2021

T Patel

Signature of a member or authorized representative of a member

Tejash Patel

Typed or printed name of signee

Filing Fee: \$25.00