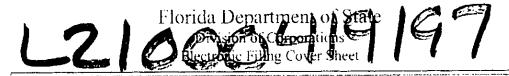
To:

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850-769-6121

A CONTRACTOR OF THE PROPERTY O



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20190000128 : (850)769-3434 : (850)769-6121 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dhruv.r.patell 5@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## FND ENTERPRISES LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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K. Brumbley

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H22000226587-3

TO:	Registration Sec Division of Corp			
(11 ID 11	FND Enterp	orises, LLC		
SORTH	CT:	Name of Limi	ted Liability Company	<del></del>
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing	
Please	return all correspo	ndence concerning this matter	to the following:	
		William Q Platt IV, Esq.		
			Name of Person	
		Hand Arendall Harrison Sa	ıle	
			Firm/Company	<del></del>
		Post Office Drawer 1579		
			Address	
		Panama City, FL 32402		
		dhruv.r.pateH5@gmail.com E-mail address: ()	City/State and Zip Code  to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please of	all:	
Stepha	mie Słack		850 769-3434 at ()	
	Name o	f Person	Area Code Daytim	e l'elephone Number
Enclos	ed is a check for th	ne following amount:		
<b>≅ \$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filling Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cot The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022-07-01 11:27:19 CDT

H22000226587 3

From: Panama City Reception

FND Enterprises LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number L21000419197	were filed on September	22, 2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	on "LLC" or the abb	oreviation "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 a agent and/or the new registered office address here:	address on our records.	, <u>enter the nam</u>	e of the new regine 2022	<u>stered</u>
Name of New Registered Agent:				
New Registered Office Address:	Emer Florida stree	et address , Florida		7. KO VE.
	City		Zip Code ် ယ	
New Registered Agent's Signature, if changing Registered Agent:			0	

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

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11 amenuing Authorized verson(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
AMBR	Kunal Patel	103 Cedar Hammock Lane	
		Panana City Beach. FL 32407	□Remove
			□Add
			□Remove
			「IChange
			□Add
			□Remove
			Change
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Effective date, if other than the date of filing:  (If an effective date, is isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60,0,007 (3 Notes: If the flate inserted in this block does not meet the applicable stantony filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the cord is filed.  Dated    Dated   Date:   Date						
Effective date, if other than the date of filing:						<del></del> _
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Effective date, if other than the date of filing:			<u> </u>			
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Note: If the date inserted in this block does not freet the applicable statutory fitting requirements, and date with the document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.						
cord is filed.	<ul> <li>Note: If the date inserted in the</li> </ul>	s block does not meet uit	· applicable statute	ing or more than 90 c sry filing requitents	_ (optional) ays after filing.) Pursual ents, this date will not	nt to 605.0207 (3 t be listed as th
Dated July 1 2022  Duran Patel	the record specifies a delayed effe cord is filed.	ctive date, but not an effo	ective time, at 12:0	) a.m. on the earli	er of: (b) The 90th o	lay after the
Mirror Patel	July 1 Dated	202	2			
	Olina Patil	,				
Signature of a member or authorized representative of a member		Signature of a member of P			ı	_

Filing Fee: \$25.00