## 121000454313

(Requestor's Name)
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## **COVER LETTER**

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SUBJEC	CT:		ited Liability Company		
<b>T</b>		A	and the City of th		
		Amendment and fee(s) are sub			
Please re	turn all correspo	ndence concerning this matter	to the following:		
		RICHARD A BOYKO, EA	Ą		
			Name of Person	<del></del>	•
		WHITE DOVE BUSINES	S & FINANCIAL SERVICES, LL	С	
			Firm/Company		- 1 123 - 1233 - 1233
		11720 US 19, SUITE 6			
			Address		ြည်း တို
		PORT RICHEY, FL 34668	8		- 20 Co.
	City/State and Zip Code				
		RABOYKO@WHITEDOV	'EINC.NET		- 02 2
		E-mail address: (	to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please c	all:		
RICHAR	RD A BOYKO, I	EA	72\7 8085427		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	г
Enclosed	l is a check for th	ne following amount:			
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address: Registration Section		Street Address: Registration Se			
	Division of C P.O. Box 632	•	Division of Cor The Centre of T		
	Tallahassee I		2415 N. Monro	e Street, Suite 8	:10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10n}{1000}$ .	19/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3 na
	, in the second
Enter new mailing address, if applicable:	F1 65 1
Mailing address MAY BE A POST OFFICE BOX)	2
	1: 2
	11.3 ~
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:	ecords, <u>enter the name of the new regist</u>
New Registered Office Address:  Enter Flor	rida street address
13.10.716.	
City	, Florida 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>	Address	Type of Action
MGR	SUNNY PATEL	11340 BIDDEFORD PLACE	□Add
		NEW PORT RICHEY, FL 34654	■Remove
		<u> </u>	□Change
MGR	SANJAY PATEL	11340 BIDDEFORD PLACE	
		NEW PORT RICHEY, FL 34654	□Remove
			🗆 Change
			Add
			□ Remove
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ote: If th	date, if other than e date is listed, the date the date inserted in the s effective date on the	iis block does no	t meet the applic	able statutory filir	(opti nore than 90 days after ng requirements, thi	onal) r filing.) Pursuant to 605 is date will not be list	5.0 ed
ument :	s effective date on t	ne Department o	i state's records	•			
eard sn	ecifies a delayed eff	Fective date, but n	ot an effective t	ime, at 12:01 a.m.	on the earlier of: (t	o) The 90th day afte	r the
-							
is filed. ted	2/2022		_·	·			
is filed.	2/2022 Sanja)	Patel	-·				