

L21000530449

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAIASHIRWAD LLC**

Certificate of Status	0
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2023 AUG -9 PM 4:48

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG -9 PM 5:57

T. LEMMEUX

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Help

AUG 10 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAI ASHIRWAD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANJOY K SAHA

Name of Person

SAI ASHIRWAD LLC

Firm/Company

2758 N UNIVERSITY DR

Address

SUNRISE, FL 33322

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

SANJOY K SAHA

908

943-6134

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

SATASHIRWAD 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 12/17/2021 and assigned
Florida document number L21000530449.

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:

2758 N UNIVERSITY DR

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FL 33322

Enter new mailing address, if applicable:

2758 N UNIVERSITY DR

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FL 33322

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:

SANJOY K SAILA

New Registered Office Address:

2758 N UNIVERSITY DR

Enter Florida street address

SUNRISE

City

Florida 33322

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.

Sanjoy Saha

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>
MGR	SANTOSH SHETTY	16252 SW 14TH STREET	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANJOY K SAHA	2758 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAYED M KAMAL	2758 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARIFUL HAQUE	2758 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMED M AL RIYAD	2758 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMED S HASAN	2758 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Filing Fee: \$25.00