# L22000184342

(Re	equestor's Name)	
(110	iquestor s realite)	
(Δ)	ddress)	
(^0	Mess)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	*
,	<b>3</b> 1 11	
·		

Office Use Only



700392830597

08/24/22--01007--008 \*\*25.00

2022 AUG 24 AM 9: 25



CORPORATE When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

# **WALK IN**

	PICI	K UP:	/24 DANNY		
XX	CERTIFIED COPY PHOTOCOPY				
7	cus				
XX	FILING	LLC AMI	END		
1.	MA SANTOSHI LLC (CORPORATE NAME AND DOCUME	MENT #)			
2.	(CORPORATE NAME AND DOCUM	MENT #)			<del></del>
3.	(CORPORATE NAME AND DOCUM	MENT #)			
4.	(CORPORATE NAME AND DOCUM	MENT #)		·	
5.	(CORPORATE NAME AND DOCUM	MENT #)	<u> </u>		
6.	(CORPORATE NAME AND DOCUM	MENT #)			
SPECIA INSTRU	L JCTIONS:				
	<del></del>				

## **COVER LETTER**

TO: Registration So Division of Cor			
MA SANT	OSHILLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		VATSAL PATEL	
		Name of Person	
		MA SANTOSHI LLC	
		Firm/Company	
		4196 FOXHOUND DR	
		Address	
		CLERMONT FL 34711	
		City/State and Zip Code	
	vatsalpatelrx@gmail.com		
		to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	all:	
VATSAL PATEL		515 9548587	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	1L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 24 AM 9: 25

MA SANTOSHI 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 05/03/2022 and assigned Florida document number L22000184342 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 \_\_\_

### 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 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
AMBR	HARDIK CHAUDHARI	735 S US HWY 441, APT 51	
		LADY LAKE, FL 32159	□Remove
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

<del></del> .		<del>,</del>	
		<u> </u>	
	<u> </u>		
<del></del>			
<u></u> -		<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	SEC. SEC.
			2 AUG
			60 22
trati.			
		<u>-</u> .	Ser B
			ا <b>بو</b> دات
		<del>-</del>	THE W
	<u></u>		
<del></del>	<u></u>	<u>_</u>	
	-		<del></del>
Effective date, if other than the d	ate of filing:	(	optional)
f an effective date is listed, the date must be Note: If the date inserted in this block	be specific and cannot be prior to o	date of filing or more than 90 days	s after filing.) Pursuant to 605.02
document's effective date on the Dep	partment of State's records.	e statutory ming requirement	s, this date will not be listed
e 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 th
d is filed.			
August 24	2022		
Dated	——· ——		
	1 - 71 -		
	ignature of a member or authorize	ed representative of a member	
		ed representative of a member	

Filing Fee: \$25.00