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SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

	ision of Cor				•
CHID IEZT.	SHARDA 2	LLC .	•	. *	•
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		SHAMBHUBHAI PATEL			
			Name of Person		-
			Firm/Company		-
		8136 HWY 90		_	<b>.</b>
			Address		
		SNEADS FL 32460			_
		DATEL BLIDB ANGOVALIC	City/State and Zip Code		
		PATELRUDRA09@YAHC	to be used for future annual report n	otification)	
For further in	nformation c	oncerning this matter, please ca	all:		
SHAM PAT	EL		850 693-0964 at ()		
	Name o	f Person	Area Code Dayı	ime Telephone Numbe	Г
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	S30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	iling Addres gistration S		Street Address: Registration S	Section	
Dir	vision of C	Corporations	Division of C	orporations	
	). Box 632 Hahassee, I		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 8	310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARDA 2 LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/06/22</u>	and assigned
Florida document number 122000302245		
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	lity 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:		2022 ST SECH
(Mailing address MAY BE A POST OFFICE BOX)		ETARK
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Floriga 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

MOIN -	manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAXA PATEL	2764 US Hwy 90	
		Lake City FL 32055	
		7405 168TH Ave NE Apt 306	Change
AMBR	UJASH SURESH PATEL	Redmond WA 98052	<b>=</b> Add
			□Remove
			□Change
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
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UJASH SURESH PATEL - NI	EW 50% OWNER		
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ective date, if other than the d	07/07/2022	(optional)	
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 605.020
te: If the date inserted in this bloc ument's effective date on the Dep	ck does not meet the applicable statu partment of State's records.	itory filing requirements, this date v	will not be listed a
cord 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
s filed.			
SEPTEMBER 6	2022		
SEPTEMBER 6	ignature of a member or authorized repr		
$\Delta$ $100$	•		

Filing Fee: \$25.00

Typed or printed name of signee