

L22000430742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

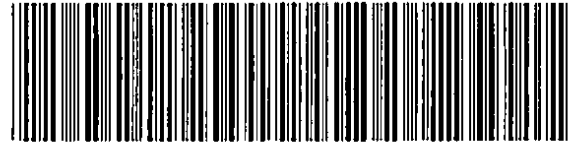
(Document Number)

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09/18/23--01021--005 **30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMANI REALTY 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:

Rohan patel

Name of Person

Amani realty llc

Firm/Company

16740 US HIGHWAY 331

Address

Freeport FL 32439

City/State and Zip Code

Rohanep2005@gmail.com

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

For further information concerning this matter, please call:

Rohan Patel

310

774-7544

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**

Amani realty 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 10/05/2022 and assigned
Florida document number 1.22000430742.

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)

16740 US HIGHWAY 331

Freeport FL 32439

3. 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

Freeport

City

Florida 32439

Zip Code

new Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	<u>Type of Action</u>
Mgr	Mihirkumar Patel	16740 us highway 331	<input checked="" type="checkbox"/> Add
		Freeport FL 32439	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	Rohan Patel	16740 us highway 331	<input checked="" type="checkbox"/> Add
		Freeport FL 32439	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Ambr	Tushar Patel	607 tulip tree way	<input checked="" type="checkbox"/> Add
		Niceville FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Snehal patel	17418 harvest ave	<input checked="" type="checkbox"/> Add
		Cerritos CA 90703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Anish Patel	1022 Harrison ave	<input checked="" type="checkbox"/> Add
		Panama City FL 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

1. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory 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 record is filed.

Dated September 14 2023

Wm.

Signature of a member or authorized representative of a member

Roban Patel

Typed or printed name of signee