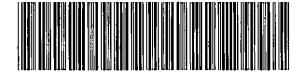
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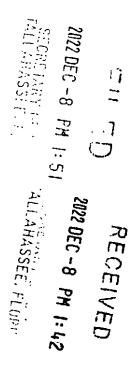
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COVER LETTER

	egistration Si ivision of Co			
SUBJECT	Shree Shiv.	, LLC		
WO BS E.C. I	;	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		Wendy Del'Acqua		
			Name of Person	·
		Accounting & Tax Solution	ons, Inc.	
			Firm/Company	
		191 E Chorry Street		
		······································	Address	
		Jesup, GA 31545		
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	City/State and Zip Code	
		wendy@cpaats.com		
For firsther	:= f		to be used for future annual report not	itication)
ror turther	miormation c	oncerning this matter, please c	aii:	
Wendy Dei	'Acqua		912 427-0091	
· · · · ·	Nume o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	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)
	alling Addres		Street Address:	anti un
Registration Section Division of Corporations		Registration Section Division of Corporations		
Р.	O. Box 632	7	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

2022 DEC-8 PH 1: 69 OF Shree Shiv, LLC (Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on October 12, 2022	and assigned
Florida document number L22000439987	THE THE ON	and mongries
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 Liabi	lity Company," the designation "LLC" or t	he 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 a	iddress on our records, enter the	name of the new regist
agent and/or the new registered office address here:	/	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1Zip Code
	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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Amitkumar D. Patel	809 Malibu Drive	■Add
		Hinesville, GA 31313	
			\(\textsquare \) \(\textsquare \)
AMBR Lalabhai C, Patel	Lalabhai C. Patel	2150 Hwy 441S	□Add
		Dublin, GA 31021	■Remove
			Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
		□Change	
			□Add
		□Remove	
			□ Change

Page 2 of 3

D. Han	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	tive date, if other than the date of filing:
o) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Aplacks Signalure of a member or authorized representative of a member
	Arlado
	Signature of a member or authorized representative of a member
	Amitkumar D. Patel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00