

L23 0000 89168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

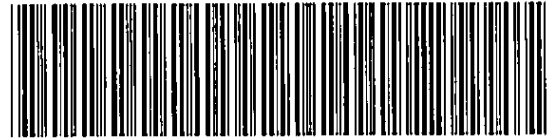
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHREEJI BEAUTY 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:

BIREN PATHAK

Name of Person

PATHAK FINANCIAL GROUP

Firm/Company

13067 UTOPIA LOOP

Address

LAKEWOOD RANCH, FL, 34211

City/State and Zip Code

BIREN@PATHAKFINANCIALGROUP.COM

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

For further information concerning this matter, please call:

BIREN PATHAK

941

448-6334

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**

SHREEJI BEAUTY 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 FEB 20, 2023 and assigned
Florida document number L23000089168.

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 _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TEJASH DOSHI	3163 CENTRAL AVE	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAHENDRA PATEL	3163 CENTRAL AVE	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SWETA AMIT PATEL	1574 SIERRA GLEN CIR	<input checked="" type="checkbox"/> Add
		APEX NC 27502	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANASHI VIRAL PATEL	2328 PEGASUS BAY DR	<input checked="" type="checkbox"/> Add
		FUQUAY VARINA, NC, 27526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DATE	TIME	LOCATION	WIND DIRECTION	WIND VELOCITY	WAVE PERIOD	WAVE HEIGHT	WAVE LENGTH	WAVE DIRECTION	WAVE PERIOD	WAVE HEIGHT	WAVE LENGTH	WAVE DIRECTION
10/10/1964	10:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	11:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	12:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	13:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	14:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	15:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	16:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	17:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	18:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	19:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	20:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	21:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	22:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	23:00	1000	100	10	10	10	10	100	10	10	10	100
10/10/1964	24:00	1000	100	10	10	10	10	100	10	10	10	100

(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.

Dated APRIL 3, 2023

~~BDRubot~~

Signature of a member or authorized representative of a member

BIREN D. PATHAK

Typed or printed name of signee