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T. LEMIEUX
JUN - 9 2023

COVER LETTER

H23000207030 3

**TO: Registration Section
Division of Corporations**

SUBJECT: SHREE HARI MANAGEMENT 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:

Chirag Kabrawala Esq

Name of Person

Kabrawala Law Group PLLC

Firm/Company

1014 W Fairbanks Avenue

Address

Winter Park, FL 32789

City/State and Zip Code

nishant.patel@anyamanagement.com

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

For further information concerning this matter, please call:

Chirag Kabrawala

407

801-3330

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 &
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(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

H23000207030 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H23000207030 3

SHREE HARI MANAGEMENT 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 06/06/2023 and assigned
Florida document number L23000273343.

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

H23000207030 3

H23000207030 3

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	MIKKY K PATEL	2425 Frontage Road	<input type="checkbox"/> Add
		Davenport, Florida 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIRANBHAI C PATEL	2425 Frontage Road	<input checked="" type="checkbox"/> Add
		Davenport, Florida 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NISHANT PATEL	2425 Frontage Road	<input checked="" type="checkbox"/> Add
		Davenport, Florida 33837	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H23000207030 3

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

[illegible]

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.

If 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 June 7, 2023

Chirag B. Kabrawala, Esq.

Typed or printed name of signee