## L23000370105

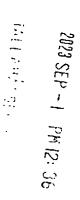
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## **COVER LETTER**

TO: Registration Division of C	Section orporations	*	
AND LESS HARRISTS	tures LLC		
SUBJECT:	Name of Lin	nited Liability Company	···
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Harsh Patel		
		Name of Person	
	HJP Ventures LLC		
		Firm/Company	
	4810 W. McElroy Ave., U	init 2	
	***	Address	
	Tampa, Florida 33611		
		City/State and Zip Code	
	hpatel@psconstruction.net E-mail address: (	to be used for future annual report noti	fluation)
For further information	concerning this matter, please c		
Harsh Patel		603 943-1305 at ( )	
Name	e of Person	Area Code Daytim	e 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)
<u>Mailing Addi</u> Registration	Section	<u>Street Address:</u> Registration Se	
Division of	Corporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 PM 12: 36

HJP Ventures 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 L	iability Company	were filed on $\frac{08/0}{}$	7-2023	and assigned
Florida document number 1,23000370105				
This amendment is submitted to amend the foll				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>'e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)	_		
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	ess here:	address on our rec	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Floria	la street address	
		<u>-</u>	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 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>	Address	Type of Action
MGR	PARAS PATEL	38 Redgate Road, Dracut, MA, 01826	■Add
			□Remove
-			
			□Remove
			☐Change
			□Remove
		<del></del>	TChange
			=:Add
			□Remove
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			□Remove
			\(\sum_\)Change
			□Remove
			□ Change

	N/A
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te:	(optional)  [certive date, if other than the date of filing:
	d 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 led.
ated	08/23/2023
	The said
	Signature of a member or authorized representative of a member
	HARSH PATEL

Filing Fee: \$25.00