

L23000424489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

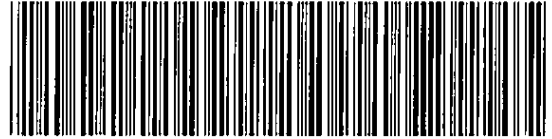
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600421883386

01/16/24--01039--007 **60.00

2/5/24
VH

2024 JAN 16 AM 9:45
CLERK OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIVGURU WINTER GARDEN 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:

VIRALKUMAR U PATEL

Name of Person

SHIVGURU WINTER GARDEN LLC

Firm Company

12890 W COLONIAL DR

Address

WINTER GARDEN FL US 34787

City State and Zip Code

viralpatel_27@yahoo.ca / viralpatel2703@yahoo.com

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

For further information concerning this matter, please call:

VIRALKUMAR U PATEL

Name of Person

at ()

Area Code

732 8617730

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

Return Address:-
13618 TORTONA LN
APT: 4109
WINDERMERE - 34786
FLORIDA

FILED
2024 JAN 16 AM 9:45
TALLAHASSEE, FL

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

SHIVGURU WINTER GARDEN 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 09/12/2023 and assigned
Florida document number L23000424489.

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 "LLC."

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>
MGR	PARIMAL PATEL	104 TAYLORS MILLS RD 07726	<input checked="" type="checkbox"/> Add
		MANALAPAN TOWNSHIP NJ 07726	<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
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024
FEB 16 AM 9:45
TELEPHONE
RECEIVED
DATE

11/11/2017 11:11:11 AM

2024 JUN 16 PM 9:45
STATES
90TH DAY AFTER THE

Dated DECEMBER 21, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00