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COVER LETTER

TO:

	gistration Se vision of Cor					
CUD IL CT.	AMAZING DISCOUNTS, ELC					
SUBJECT		ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	endence concerning this matter	to the following:			
		BHAVEN PATEL				
			Name of Person			
	AMAZING DISCOUNTS, LLC					
		2024 APR 10 SECRETÁR				
4742 ANTRIM DRIVE						
			Address			
		SARASOTA, FL 34240			OF STATE	
		BHAVEN10@GMAIL.CO	City/State and Zip Code M	-	FATE FOR	
		E-mail address: (to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please ca	all:			
BHAVEN PATEL			201 887-0683			
	Name o	f Person		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)	Certified	te of Status &	
Mailing Address: Registration Section			Street Address: Registration Se	ection		
Division of Corporations			Division of Co			
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAZING DISCOUNTS, LLC			
(Name of the Limi	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited L forida document number <u>L23000523138</u>	Liability Company were filed on NO	VEMBER 20TH, 2023	_ and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the dec	signation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	··-	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE</u> If amending the registered agent and/ortent and/ortent and/orthe new registered office addre	registered office address on our re	CORRECTION OF THE CORRECTION O	ÇÇ Lamar
Name of New Registered Agent:	BHAVEN PATEL		
New Registered Office Address:	4742 ANTRIM DRIVE		
	Enter Florid	la street address	
	SARASOTA	Florida ³⁴²⁴⁰	
	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>	Name	Address	Type of Action
MGR	JAINEEL PATEL	4742 ANTRIM DRIVE	□Add
		SARASOTA, FL 34240	■Remove
			ПСhапge
AMBR	JAYDEEP PATEI.	606 53RD AVE N	□Add
		SAINT PETERSBURG, FL 33703	■Remove
			□Change
			□Add
		7;—. Se:	C) ,°
			عبو √ ١٩٨٨ ليل
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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. 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 APRIL 5TH 2024 ignature of a member or authorized representative of a member BHAVEN PATEL Typed or printed name of signce

Filing Fee: \$25.00