124000103566

(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



000436199230

09/11/24--01005--005 **29.00

9/16/24 K4



COVER LETTER

Division of Corp		
SUBJECT. MIT	1M1 LAUN Name of Lim	DRV LLC
SUBJECT: _ / V T /	Name of Lim	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please return all correspor	ndence concerning this matter	to the following:
	RIVESH	PATEL Name of Person
		Name of Person
	4.4	,
	MIAMI Z	Firm/Company
		Firm/Company
	950 110	P. J.
	18/ /10	Address RLVD.
	đ	
	Hally Hao	City/State and Zip Code
	KIVESHA (to be used for future annual report notification)
For further information co	oncerning this matter, please co	all:
Duster 1 Ou	T =;	30= =10 =:
RIVESH PA	Person	at (305) 548-0155 Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
🗵 \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
•	Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
Mailing Address		Street Address:
Registration S		Registration Section :
Division of Co	=	Division of Corporations
P.O. Box 632° Tallahassee, F		The Centre of Tallahassee
i alialiassee, f	L J2J17	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

MIAMI LAU	INIRY LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>レ 24少女</u> 女.	iability Company were filed on $\frac{2/29/24}{143566}$ and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter the name of the new registere</u> s <u>s here</u> :
Name of New Registered Agent:	RIVESH PATEL
New Registered Office Address:	GS9 HOLL/WOOD BLVD Enter Florida street address HOLL/WOOD, Florida 33019
	HOLLYWOOD, Florida 33019 City Zin Code
New Registered Agent's Signature, if changing I	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>	Address	Type of Action
MGR	RIVESH PATEL	959 HOLLYHOOD RLV	Add
ADD		HOLLYHOOD, FL	□Remove
		33019	🗆 Change
:YGR	THRA PATEL	959 HOLLYWOODS	Add
		Howywood, FL	/ □Remove
		33019	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	DÂdd
			□Remove
			□ Change
		-	□Add
			🗆 Remove
			□ Changa

JUST.	WANTED	70	ADD	My	NAME	<u>-50</u>
I CHN	WANTED OPEN	A	NEW	BANK	Acc	OUNT.
			· · · · · · · · · · · · · · · · · · ·			
<u> </u>	<u> </u>		<u></u> _			<u>.</u>
-						
			···			
						<u> </u>
		-				
	<u> </u>		<u> </u>			
_						
_						_
						
				.==		
	·			 		
	than the date of filing:		. (- 0.71*		optional)	(05.4
	ne date must be specific and ca Fin this block does not med					
nent's effective date	on the Department of Sta	te's records.				
•	ed effective date, but not ar	n effective ti	me, at 12:01 a.m	on the earlier of	of: (b) The 90	th day after
iled.					:	` \ \
~ ·-	1.44.	5 5 11			•	,
27 OF	AUGUST,	2024	<u> </u>			. .
_1	· / / //`	_				,
Fil.	17	}				٠,
Fill)	Signature of a me	mber or autho	orized representati	ve of a member		· :

Typed or printed name of signee