# 12400120172

<u>_</u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P 🗌 WAIT 📄 MAIL
	(Business Entity Name)
. <u>-</u>	(Document Number)
Certified Copies	Certificates of Status
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# **COVER LETTER**

## TO: Registration Section

**Division of Corporations** 

#### SHRE PARTNERS/LLC

SUBJECT:

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:

SHIL PATEL

Name of Person

SHRE PARTNERS, LLC

Firm/Company

11202 N GRANITE STREET

Address

DUNLAP, IL 61525

City/State and Zip Code

SHIL@REHACCOUNTING.COM

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

For further information concerning this matter, please call:

 SHIL PATEL
 at (\_\_\_\_\_)
 956-8587

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2021/UE 12 AM 9: 04

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SHRE PARTNERS, LLC				
( <u>Name of the Limited Liability</u> (A Florida	y Company as it r Limited Liability (	iow appears on our (ompany)	records.)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number <u>124000120172</u>		ed on $\frac{3-8-2024}{2}$		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability cor	npany here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Comp	any," the designatio	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address	on our records,	<u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				·
New Registered Office Address:				
		Enter Florida stree	uddress	
			Florida	
	Cüy			•
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete perforn ent as provideo	uance of my dut I for in Chapter	ies, and I am f 605, F.S. Or,	we to comply with the : A amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AP	HARIKRISHNA PATEL	11202 N GRANITE STREET	🗆 Add
		DUNLAP, II. 61525	
			□Change
AP	SHIL PATEL	11202 N GRANITE STREET	≘ Add
		DUNLAP, IL 61525	🗆 Remove
			Change
			🗆 Add
			🗆 Change
			🖸 Add
			🗆 Remove
			Change
<u></u>			Ĺī Add
			Change Change N Change N C Remove
		·····	🗆 Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_(optional) (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 1 13 record is filed.

Dated _	Qui 1	1. 2017-1.	A MO	
			12 N	£ 
		Signature of a member or authorized representative of a member	ີ່. ເຈັ້າ ເ	
	SHIL PATEL		TATE OF	

Typed or printed name of signee

## Filing Fee: \$25.00