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COVER LETTER

TO: Registration Sec Division of Corp								
DHULIBA SUBJECT:	ONE LLC							
SUBJECT:	Name of Lin	ited Liability Company	-					
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspon	ndence concerning this matter	to the following:						
	9	SUNITABEN PATEL						
		Name of Person						
		DHULIBA ONE LLC						
		Firm/Company	<u></u>	~.*				
	· ·							
	Address							
	5	SARASOTA, FL 34243	20 C C C C C C C C C C C C C C C C C C C	124 品	; i ,			
	E ST	9:	الريا					
	Frankladdaese	17stbp@gmail.com to be used for future annual report notif	Emilian — PA	26				
For further information ec	oncerning this matter, please c	·	ircation)					
SUNITABEN PATEL		941 961-2001 at ()						
Name of	Person		e Telephone Number					
Enclosed is a check for th	e following amount:							
■ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status		☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	60.00 Filing Fee, Certificate of Status Certified Copy additional copy is enclo				
Mailing Address Registration S		Street Address: Registration Sec	ction					
Division of Co		Division of Cor	porations					
P.O. Box 632 Tallahassee, F		The Centre of T	allahassee e Street Suite 810	1				
Lattanaccee E	1 1/1/4	7415 N IVIONTO	e street Suite XII					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHULIBA ONE LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)
(ATTOMAL Elimited Blability Compan	,,
The Articles of Organization for this Limited Liability Company were filed on	04/10/2024 and assigned
Florida document number L24000171445	
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	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>1</i>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u></u>
Enter new mailing address, if applicable:	38 A 1.
Mailing address MAY BE A POST OFFICE BOX)	مين و بي
	26 PIE
3. If amending the registered agent and/or registered office address on ou gent and/or the new registered office address here:	r records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	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 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
AMBR	BALWANTBHAI PATEL.		□ Add
		6516 PALM LEAF CT SARASOTA, FL 34243	= Remove
			□Change
AMBR	BALVANT M PATEL	6516 PALM LEAF CT SARASOTA, FL 34243	= Add
		 	Remove
			□Change
		enad ette	□ Add
			_ □Remove
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Effective date, i If an effective date i	f other than the s listed, the date m	e date of fili	ng:	prior to date	f filing or more	than 90 days	optional	a l) ng.) Pu	rsuant to 605.0
Note: If the date document's effect	inserted in this	block does not	t meet the ap	oplicable sta	tutory filing r	equirement	s, this da	ate wil	l not be listed
		•							
e record specifies rd is filed.	a delayed effect	ive date, but n	ot an effecti	ve time, at	2:01 a.m. on	the carlier	of: (b)	The 90	Oth day after t
Dated 23April20	24		-,	·					