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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: MPA	TELREALESTAT Name of Lim	EHME SERVICE ited Liability Company	ES LLC	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Milant	rumor Patel Name of Person		
		Firm/Company		
	2003, 5	Sontrage Kd		
	Plant (City State and Zip Code	ALEARY C	m
	mpalel <u>DEal</u> E-mail address: (estatesexilee (and the control of th	Damail SAFF STATE FLE	
For further information c	oncerning this matter, please c	all:	FL FL	,
Milank Name o	mar Patel	at (<u>823</u>) <u>373</u> Area Code Daytime	ーユ448 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	tion	
Division of C P.O. Box 632		Division of Corp The Centre of Ta		
Tallahassee, I			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPATELREALESTATE HOMESER ITCES 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 Compa	my were filed on <u>E</u>	04/29/2024 and assigned
Florida document number <u>L24000 198685</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> ;
MILANKUMARPATEL LLC The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		203
		7.2 (1) m
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		SN T
		m = F
		ms :
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our rec	cords, enter the name of the new registr
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our rec	cords, enter the name of the new registr
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	ce address on our rec	cords, enter the name of the new registe
Name of New Registered Agent:	ce address on our red	cords, enter the name of the new register
igent and/or the new registered office address here:		cords, enter the name of the new register
ngent and/or the new registered office address here: Name of New 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
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