## L24 000 300 747

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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	Jay Bhaira	ıv Dada LLC		
CODULC	··	Name of Lit	mited Liability Company	
The enclo	sed Articles of	f Amendment and fee(s) are su	bmitted for filing	
		ondence concerning this matter	-	
		Bhaumik K Patel		
			Name of Person	
			Firm/Company	
		120 Center Place Way		
			Address	
		St Augustine, FL 32095		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	stification)
For further	information c	oncerning this matter, please c		,
Bhaumik I			386 681-7126	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■ \$25.00</b>	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)
Re D	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	ection orporations 7	Street Address: Registration Solvision of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay Bhairav Dada LLC						
(Name of the Limited Liability (A Florida)	Company as it now appears on our record Limited Liability Company)	<u>ls.</u> )				
The Articles of Organization for this Limited Liability Co						
Florida document number L24000300747						
his amendment is submitted to amend the following:	<del>-</del> '					
. If amending name, enter the new name of the limit	ed liability company here:					
he new name must be distinguishable and contain the words "Limite						
	the designation "LLC"	or the abbreviation "L.L.C."				
Inter new principal offices address, if applicable:		- 2				
Principal office address MUST BE A STREET ADDRE	<u></u>					
		· · · · · · · · · · · · · · · · · · ·				
		لب				
nter new mailing address, if applicable:		) D				
Mailing address MAY BE A POST OFFICE BOX)						
		<u>, , •</u>				
. If amending the registered agent and/or registered of	office address on our records, enter	the name of the new regis				
gent and/or the new registered office address here:	<del></del>					
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter Florida street address					
	T)					
•	, F10	rida				

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

Type of Action
□Add
_ ≣Remove
_ □Change
□Add
_ 🗆 Remove
_ Change
_ □Add
_ □Remove
_ □Change
_ 🗆 Add
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an effective date is lis ote: If the date ins		ecific and cannot be poses not meet the ap	prior to date of filing		onal) r filing.) Pursuant to 605,0201 s date will not be listed as
record specifies a distribution is filed.	elayed effective date	, but not an effectiv	ve time, at 12:01 :	i,m. on the earlier of: (b	b) The 90th day after the
ated August 12		2024			
, //	W	•	· ·		
/	Signa	ture of a member or a	uthorized represent	tative of a member	

. . .