L14000155280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 SEP 22 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FL

9/24/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VARANASI LLC
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:

MICHAEL GEMMELL
Name of Person

2010 SOLUTIONS INC
Firm/Company

565 JACKSON AVE STE C
Address

SATELLITE BEACH FL 32937
City/State and Zip Code

mikegc2010@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GEMMELL at (321) 773-9516
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☒ $30.00 Filing Fee & Certificate of Status
Previously PAID

☐ $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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

New Name Selected
Documents Attached

September 4, 2025

MICHAEL GEMMELL
POST OFFICE BOX 372237
SATELLITE BEACH, FL 32937

SUBJECT: VARANASI LLC
Ref. Number: L14000155280

We have received your document for VARANASI LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L22000437923.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 925A00019823

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

VARANASI LLC

2025 SEP 22 AM 7:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEC... TALL...ASSEE, FL ...TATE

The Articles of Organization for this Limited Liability Company were filed on 10/06/2014 and assigned Florida document number L14000155280.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ST PETE 5775 5TH AVENUE NORTH LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5775 5TH AVENUE N
ST PETERSBURG FL 33710-7103

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5775 5TH AVENUE N
ST PETERSBURG FL 33710-7103

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: _____
Enter 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 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 or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
______	NO CHANGES	______	☐Add
		______	☐Remove
		______	☐Change
______	______	______	☐Add
		______	☐Remove
		______	☐Change
______	______	______	☐Add
		______	☐Remove
		______	☐Change
______	______	______	☐Add
		______	☐Remove
		______	☐Change
______	______	______	☐Add
		______	☐Remove
		______	☐Change
______	______	______	☐Add
		______	☐Remove
		______	☐Change

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

AMENDING TO PROVIDE NAME CHANGE & PRINCIPAL/MAILING ADDRESS ONLY

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 record is filed.

Dated September 15, 2025.

Signature of a member or authorized representative of a member

Michael S Gemmell

Typed or printed name of signee