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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (City/State/Zip/Phone #) (Business Entity Name)			
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JAN 17 2023		JAN 17 2023	

Office Use Only



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RECEIVED
2023 JAN 17 PM IZ: 25



COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	DO 37 Name of Limite	LLC ad Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	KETAN CDO	A. WAL Name of Person 37 LLC Firm/Company	EGAONKAR
		TAK BOARD	n
	DESTI Ketan_av E-mail address: (to	NFZ 32 City/Sate and Zip Code Vale. & Yakoo. be used for future annual report notif	550 0m
	oncerning this matter, please cal		
KETAN Name o	A. WALEGAON Person	Area Code Daytimo	1 - 8706 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of C P.O. Box 632	Section Corporations	. <u>Street Address:</u> Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

En

ARTICLES OF O		2023	ED	(9
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	2023 JAN 17 M. C. R. T. T. A. R. Y. T. T. C. C. R. T. T. A. R. Y. T. T. C. C. C. T. T. C. C. C. T. T. C.	PM 12:41	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000125646</u>	were filed on $3/2$	9/2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation 29 STAK DES 77 N	on "LLC" or the abbrev BOARO L'O FL 325	iation "L.L.C." UNT 550	_ _ _ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME a	s About	2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name o	f the new regis	tered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stro	vet address		_
		Florida	Zıp Code	
	City		Zıp 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>	Name	Address	Type of Action
MGR	KATRINA WALTON	1550S. JEFFERSON ST	🗆 Add
		MONTHEINO FL 32344	[4Kemove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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		· 	□Change
			🗆 Add
			Remove
			□Change

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Effectiv	te date, if other than the date of filing: (optional) (including the date of filing) Pursuant to 605.0207
Note: 1	Investigle is issed, the date this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record d is file	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 d.
Dated _	1-17- 2023
	1/flellette
	Signature of a member of multiorized representative of a member
	,

Filing Fee: \$25.00