

L050000039460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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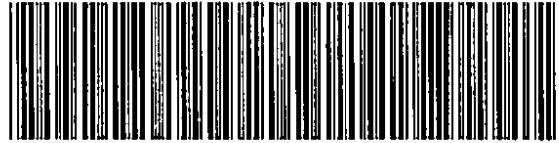
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CSLB, 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:

Chandrakant Patel

Name of Person

Firm/Company

610 Citrus Wood Lane

Address

Valrico, FL 33594

City/State and Zip Code

ceo@axoncircuit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew K. Hoek

Name of Person

813

251-2701

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CSLB, 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 Company were filed on April 22, 2005 and assigned  
Florida document number L05000039460.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Chandrakant Patel

New Registered Office Address:

610 Citrus Wood Lane

*Enter Florida street address*

Valrico

*City*

Florida 33594

*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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Chandrakant Patel	2341 Valrico Forest Drive	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Lalitikumar K. Parel	610 Citrus Wood Lane	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Bharat D. Patel	2221 Valterra Vista Way	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Balaji Aglave	2517 Peekskill Road	<input type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated September 22, 2022

BALAJI AGLAVE

Typed or printed name of signee

**Filing Fee: \$25.00**