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(Requestor	'a Nama'
(Requestor	s Name)
(Address)	
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PICK-UP	WAIT MAIL
/Dusinger I	Entity Name)
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Certified Copies C	ertificates of Status
Special Instructions to Filing O	ficer
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COVER LETTER

TO:	Registration Se Division of Cor		
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SUBJE	CCT:/_	Name of Limited Liability Company	
The end	closed Articles of	Amendment and fee(s) are submitted for filing.	
		•	
r'lease i	return all correspo	ndence concerning this matter to the following:	
		KIRTIKUMAR NAGAR Name of Person	
		2987 US HWY 90 West	
		Address	
		Lake City, FL 32055 City/State and Zip Code	
		Lake City, FL 32055 City/State and Zip Code Kevinnagar @ hotmail. com E-mail address: (to be used for future annual report notification)	
For furt	her information e	oncerning this matter, please call:	
_Ku	RTI KUMAI Name o	· · · · · · · · · · · · · · · · · · ·	
Encluse	ed is a check for th	e following amount:	<i>'</i>)
		<u>~</u>	
4-32.	5.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	4	24	
	✓ Mailing Addres		
	Registration S		
	Division of C		
	P.O. Box 632		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)		
were filed on JUNE 20, 200	and assi	gned
ility company here:		
iity Company," the designation "LLC" or the	ibbreviation "L.1	C."

address on our records, enter the nai	ne of the new	registerec
	202	Q)
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Enter Florida street address	20	
	Zio Code	
	# '	フ
performance of my duties, and I am provided for in Chapter 605, F.S. Or	gree to compi familiar with , if this docur	and nent is
	Enter Florida street address City City Let to act in this capacity. I further as performance of my duties, and I am provided for in Chapter 605, F.S. Or	ility company here: iity Company," the designation "LLC" or the abbreviation "L.1 inddress on our records, enter the name of the new Enter Florida street address Florida

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

Title	Name	Address	Type of Action
MBR	Bholabhai Nagar	2987 US HWY 90(W)	□Add
		Lake City, Fr 32055	XRemove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			Remove
	1.3.4		2 □Add
			□Remove
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n ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_	The Company Shall be Manager	
	managed and Kirtikumar Nacco	
	The Company Shall be Manager Managed and Kirtikumar Nagar Shall be its Manager.	
-	That be its tranager.	
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fan effe <u>Note:</u>	ve date, if other than the date of filing:	605:0207 Histod as
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ed.	after the
ated _	MAY 17 2021.	
	Signature of a member or authorized representative of a member	_
	KIRTKUMAR NAGAR Typed or printed name of signee	

Filing Fee: \$25.00