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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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OIVISION OF CORPORATION

22 MAY -9 PM 1: 45

T. MATTHEWS
JUL -5 2022

## **COVER LETTER**

TO: Registration Section Division of Corpo			
Paria	ni Investment	·	•
SUBJECT: 1 UTVU	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	nitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Kishinchar	Name of Person	
	Parvani In	vestments LCC Firm/Company	
		Firm/Company	
	10850 NW	21 ST#110 V Address	
	Mia	MI FL 3317 & City/State and Zip Code	
	Kichac @ 0	City/State and Zip Code	
	E-mail address: (t	armiam i. Com o be used for future annual report notific	cation)
For further information con	cerning this matter, please ca		
Kishichand	Parvani	at (305) 951 - Area Code Daytime	1522
Name of P	erson	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECKLIARY OF STATE DIVISION OF CORPORATIONS

22 MAY -9 PM 1: 45

22 HAT -3 TH 15 40
records.)
29/2005 and assigned
n "LLC" or the abbreviation "L.L.C."
enter the name of the new registered
t address
, Florida
Zip Code
,

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>	Name	Address	Type of Action
MGR	Vishal Parvani	10850 NW alst street, suite	<u>∥</u> 0 ⊵Add
		Sweetwater, Fl. 33172	□Remove
			□Change
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fan effe <u>Note:</u> I	tive date, if other than the date of filing:
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.
)ated _	5/4/2022
	Highature of a member or authorized representative of a member  K-1Shiachand Pawani  Typed or printed name of signer
	•

Filing Fee: \$25.00