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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Basiless Char) Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	i
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A. BUTLER SEP 1 4 2022

COVER LETTER

TO: Registration Division of C	Section Torporations				
	LWOOD, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	NANDKISHORE RANAI	DIVE			
		Name of Person			
		Firm/Company	<u></u>		
	9213 BENTLEY PARK C	IRCLE			
		Address			
ORLANDO, FL 32819					
	City/State and Zip Code				
	KISHORERANADIVE@C	MAIL.COM to be used for future annual report notification)			
For further informatio	n concerning this matter, please c	•			
NANDKISHORE RA	NADIVE	321 946-0140 at ()			
Nam	e of Person	Area Code Daytime Telephone	e Number		
Enclosed is a check fo	r the following amount:				
S25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy radditional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box 6	n Section l'Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJI ED 2022 JUH 23 PH 6: 03

RF ZELLWOOD, LLC

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

	Company were filed on 01/09/2006 and assigned		
Florida document number L06000002523	<u>_</u> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	ited liability company here:		
N/A			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registe</u>		
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		

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>	Address	Type of Action
			□Remove
			□ Change
			□Remove
		□Change	
			□Add
			□Remove
			Change
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
		,	□Remove
			Change

ISHA RANADIVE -MEMB	BER; 9213 BENTLEY PARK CIRCLE, ORLANDO, FL 32819
DHRUV RANADIVE-MEN	MBER, 9213 BENTLEY PARK CIRCLE, ORLANDO, FL 32819
<u>.</u>	
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ective date, if other than the	e date of filing:
te: If the date inserted in this blowment's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the D	repartment of State's records.
	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	4
JUNE 10	
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Typed or printed name of signee