



Office Use Only



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COVER LETTER

TO:

Registration Section

Division of C	orporations				
	vestments, LLC				
SUBJECT:	Name of Lir	nited Liability Company			
721					
The enclosed Articles (of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Shalini Kesari				
		Name of Person			
		Firm/Company			
	8265 SW 57th Ct				
		Address			
	Ocala, FL 34476				
	shalinikesari@yahoo.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please c	all:			
Shalini Kesari		352 615-7565			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Received Copy (additional copy is enclosed)	7	
Mailing Addre Registration Division of O	Section Corporations	Street Address: Registration Section Division of Corporation Corpo	ion FIAIR orations	O	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kesari Investments, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L11000090517		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2024 APR
		PR -
		30 FT
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	iddress on our records, enter the n	ame of the new regis
Name of New Registered Agent:		······································
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 radihorized 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
Officer	Kesari, Akash	8265 SW 57th Ct	≣ Add
		Ocala, FL 34476	
			□Change
			□Add
			□Remove
			☐Change
			□Add
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Effective date, if other than the a (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and ck does not m	cannot be prior eet the applica	to date of filing of able statutory I	or more than 90 day iling requiremen	s after tiling \ Pursu	ant to 605.0207 (of be listed as t
ne record specifies a delayed effective ord is filed.	date, but not ;	an effective til	ne, at 12:01 a.	m, on the earlier	of: (b) The 90th	day after the
Dated 04/23	,	2024	<i>.</i>			
_ Ekalini	ko Signature of a m	O() lember or author	rized representa	tive of a member		
	_			y or a memor		
Shalini Kesari						





Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company KESARI INVESTMENTS LLC

Filing Information

Document Number

L11000090517

FEI/EIN Number

45-2939488

Date Filed

08/08/2011

Effective Date

08/06/2011

State Status FL

ACTIVE

Last Event

LC AMENDMENT

Event Date Filed

03/13/2023

Event Effective Date

NONE

Principal Address

8265 SW 57th Ct

OCALA, FL 34476

Changed: 01/05/2024

Mailing Address

8265 SW 57th Ct

OCALA, FL 34476

Changed: 01/05/2024

Registered Agent Name & Address

Acorn Tax & Wealth Advisors LLC

7380 SW 60th Ave

Suite 4

Ocala, FL 34476

Name Changed: 01/12/2023

Address Changed: 01/12/2023

Authorized Person(s) Detail

Name & Address

Title AMBR

A KASH KESAKI



Kesari, Shalini 8265 SW 57TH CT OCALA, FL 34476

Annual Reports

Report Year	Filed Date
2022	03/14/2022
2023	01/12/2023
2024	01/05/2024

Document Images

01/05/2024 ANNUAL REPORT	View image in PDF format
03/13/2023 LC Amendment	View image in PDF format
01/12/2023 ANNUAL REPORT	View image in PDF format
03/14/2022 ANNUAL REPORT	View image in PDF format
08/11/2021 ANNUAL REPORT	View image in PDF format
03/31/2020 ANNUAL REPORT	View image in PDF format
03/31/2019 ANNUAL REPORT	View image in PDF format
04/30/2018 ANNUAL REPORT	View image in PDF format
07/01/2017 ANNUAL REPORT	View image in PDF format
04/29/2016 ANNUAL REPORT	View image in PDF format
03/24/2015 ANNUAL REPORT	View image in PDF format
04/28/2014 ANNUAL REPORT	View image in PDF format
02/20/2013 AMENDED ANNUAL REPORT	View image in PDF format
02/19/2013 ANNUAL REPORT	View image in PDF format
01/09/2012 ANNUAL REPORT	View image in PDF format
08/08/2011 Florida Limited Liability	View image in PDF format

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