

6/14/22, 5:38 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DHRUV MANAGEMENT
Account Number : I20170000032
Phone : (813)951-0222
Fax Number : (727)499-2716

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Update1@dhruvmanagement.com

2022 JUN 15 AM 10:38

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROCKY POINT INVESTMENT TAMPA LLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROCKY POINT INVESTMENT TAMPA 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:

Utkarsh Patel

Name of Person

Dhruv Management

Firm/Company

6903 Congress St

Address

New Port Richey, FL 34653

City/State and Zip Code

upatel@dhruvmanagement.com

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

For further information concerning this matter, please call:

Utkarsh Patel

813

951-0222

at (_____) _____

Name of Person

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

ROCKY POINT INVESTMENT TAMPA 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 2/21/2013 and assigned
Florida document number 113000026962.

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)

6903 Congress St

New Port Richey, FL 34653

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:

New Registered Office Address:

6903 Congress St

Enter Florida street address

New Port Richey

City

Florida 34653

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	PATEL, CHIRAG N	16235 IVY LAKE DR	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATEL, SUBHASH	55 LAKE LUCINDA DR.	<input type="checkbox"/> Add
		COVINGTON, GA 30016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NAVADIA, SANJAY	16235 IVY LAKE DR	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patei, Vijay	6903 Congress St	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

