L13 000 097 688

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer.





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05/23/24--01029--020 **25.00

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
a		IAN SPICES LLC		
SUBJEC	U1:			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	cturn all correspo	endence concerning this matter	to the following:	
		VESNA BEGER		
			Name of Person	
		V & B ACCOUNTING SI	ERVICES	
			Firm/Company	
		8825 PERIMETTER PAR	K BLVD 302	
			Address	
		JACKSONVILLE, FL		
			City/State and Zip Code	<u> </u>
		VANDBACC@GMAIL.CO		
		E-mail address:	to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
VESNA	BEGER		904 422-6813	
-	Name o	f Person	at ()	e Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration 5	Section	Street Address: Registration Sec	
	Division of C		Division of Cor The Centre of T	
	P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAJA INDIAN SPICES LLC				
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number L13000097688				and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applie	able:			2
(Principal office address MUST BE A STREE			<u>-</u>	
Enter new mailing address, if applicable:			-	23
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u>51.</u> 2m 9
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		, enter the name	of the new registered
Name of New Registered Agent:		_		
New Registered Office Address:	63.12 CDEUNI AND CHASE DI VID			
	JACKSONVILL			58
		City	, Florida <u>322:</u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg	er and complete p	performance of my du	ties, and I am fa	miliar with and

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>	Name	Address	Type of Action
MGRM	MEENA A PATEL	6342 GREENLAND CHASE BLVD	🗆 Add
		JACKSONVILLE, FL 32258	Remove
			Change
MGRM	AMIT PATEL	6342 GREENLAND CHASE BLVD	= Add
		JACKSONVILLE, FL	□Remove
			Change
			□Add
		<u> </u>	
			☐ Change
			□Add
			□Remove
			□Change
			Remove
			Change
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			□Remove
			□Change

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Note: [[]	the date inserted in	an the date of filir ate must be specific an this block does not the Department of	meet the applican	date of filing or more le statutory filing re	(optional than 90 days after filing equirements, this date) g.) Pursuant to 605.0207 (g. will not be listed as t
Lis filed	l.					he 90th day after the
ated	05 13/20	24				
	- Ami	te Letter Signature of a				
	_(<u>//</u> _1	Signature of a	member or authori	zed representative of	a member	