## L1300099294

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(Business Entity Name)		
(Document Number)		
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A. BUTLER

## SEP 1 4 2022



## **COVER LETTER**

TO: Registration Section Division of Corporations

308 HAZEL INVESTMENTS, LLC SUBJECT:

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:

NANDKISHORE RANADIVE

Name of Person

Firm/Company

9213 BENTLEY PARK CIRCLE

Address

ORLANDO, FL 32819

City/State and Zip Code

KISHORERANADIVE@GMAIL.COM

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

321 4 at (\_\_\_\_\_) Area Code

946-0140

For further information concerning this matter, please call:

NANDKISHORE RANADIVE

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

ARTICLES OF	AMENDMENT O
	O DRGANIZATION
	FIED
(A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number 113000099294	were filed on $\frac{07/12/2013EAH}{2013EAH}$ STATE and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address

City

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.

\_. Florida \_\_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
AMBR	MANOGANYA RANADIVE	9213 BENTLEY PARK CIRCLE	🖬 Add
		ORLANDO, FL 32819	🗆 Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			🗆 Remove
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			🗌 Remove
			Change
<u> </u>			🗆 Add
			🗆 Remove
		<u></u>	
* <u> </u>			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADD TWO MORE MEMBERS TO THE LIMITED LIABILITY COMPANY AS FOLLOWS:

ISHA RANADIVE -MEMBER: 9213 BENTLEY PARK CIRCLE, ORLANDO, FL 32819

DHRUV RANADIVE-MEMBER, 9213 BENTLEY PARK CIRCLE, ORLANDO, FL 32819

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

$^{\rm ed}$ JUNE 10 $^{\rm 202}$	22
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Rouling	$\cap$
Signature of a membe	r or authorized representative of a member
	N
NANDKISHORE RANADIVE	/ aun=
Type	for printed name of Senec

a ypen or printed name of signee