14000035148

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

	gistration Sec vision of Corp			
ALID ID ATE	Pramukh Va			
SUBJECT:		Name of Limi	ted Liability Company	
The encloses	d Articles of /	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Kalidas Patel		
			Name of Person	<u> </u>
		Pramukh Varni LLC.		
			Firm/Company	
		12007 N Nebraska Ave		
			Address	
		Tampa, FL 33612		
			City/State and Zip Code	
		bhavin2patel@gmail.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ill:	
Kalidas Pat	el		813 977 3890	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pramukh Varni LLC.		
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
	any were filed on 03/03/2014	and assigned
Florida document number		
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) sof Organization for this Limited Liability Company were filed on 03/03/2014 and assigned ament number L14000035148 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the aname of two new agent and/or the new registered office address here:	
A. If amending name, enter the new name of the limited l	<u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limited I.	iability 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	· <u> </u>	
registered agent and/or the new registered office address	l office address on our records, here:	enter the name of the nev
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Flo	
	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 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
AMBR	Bhavinkumar Patel	12007 N Nebraska Ave	■ Add
		Tampa, FL 33612	
			Remove
			Change
AMBR	Sonalbahen B. Patel	12007 N Nebraska Ave	
		Tampa, FL 33612	■ Add
		Tumpa, CD 35001	Remove
			Change
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			□ Change
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			□ Remove
			□ Change

					
					
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n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depar	specific and cannot be pri does not meet the appl	icable statutory filing	re than 90 days after fil	ing.) Pursuant to 6115.	.020 ad a
record specifies a delayed ef The 90th day after the record		ot an effective ti	me, at 12:01 a.r	n. on the earlie	3r O
ted	. 2018	<u>.</u>			
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Filing Fee: \$25.00