

L150000 56346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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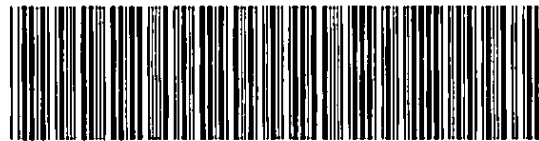
(Business Entity Name)

(Document Number)

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2018 NOV -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

NOV 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rudrakrupa, 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:

Scott Maurer

Name of Person

Callahan and Maurer, PA

Firm/Company

13191 Starkey Road, Suite 2

Address

Largo, FL 33773

City/State and Zip Code

Patel326@gmail.com
~~manik0002@yahoo.com~~

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

For further information concerning this matter, please call:

Scott Maurer

727 450-8672
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
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**

FILED

Rudrakrupa, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 NOV -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 30, 2015 and assigned
Florida document number L15000056346.

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)

1812 S. Parsons Ave

Unit 104

Seffner, FL 33584

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1812 S. Parsons Ave

Unit 104

Seffner, FL 33584

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:

Dhavalkumar Patel

New Registered Office Address:

1812 S. Parsons Ave, Unit 104

Enter Florida street address

Seffner

City

, Florida 33584

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 | Maulik Patel | 1812 S. Parsons Ave | <input type="checkbox"/> Add |
| | | Unit 104 | <input type="checkbox"/> Remove |
| | | Seffner, FL 33584 | <input checked="" type="checkbox"/> Change |
| MGR | Dhaval Kumar Patel | 1812 S. Parsons Ave | <input checked="" type="checkbox"/> Add |
| | | Unit 104 | <input type="checkbox"/> Remove |
| | | Seffner, FL 33584 | <input type="checkbox"/> Change |
| MGR | Himang Patel | 1812 S. Parsons Ave | <input checked="" type="checkbox"/> Add |
| | | Unit 104 | <input type="checkbox"/> Remove |
| | | Seffner, FL 33584 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

Dated 08/01/2018,

Wintz

Signature of a member or authorized representative of a member

Maulik Patel

Typed or printed name of signer