From: Heather Irving

4/25/22, 4:07 PM

Division of Corporations



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

Enter the email address for this business entity to be used for fut 'e annual report mailings. Enter only one email address please.

Email Address: kvaswani@farmfetch.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KISHOR VASWANI LLC

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C. BRUMBLEY

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Help

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KISHOR VASWANI LLC				
(Name of the Uimi	ted Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	or records.)	
The Articles of Organization for this Limited L Florida document number <u>L15000209122</u>	iability Company	were filed on Decembe	r 16, 2015	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
n/a				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designat	ion "LLC" or th	e abbreviation "L, T, C."
Enter new principal offices address, if applic	able:	1560 Central Ave, Ap	275	- !
(Principal office address MUST BE A STREE		St. Petersburg, FL 33	705	
Enter new mailing address, if applicable:		1560 Central Ave, Ap		2022 APR 2
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 337	05	5 P
B. If amending the registered agent and/or agent and/or the new registered office addre		nddress on our record	s, <u>enter the n</u>	name of the pew register
Name of New Registered Agent:	Kishor Vaswani			
New Registered Office Address:	1560 Central A	ve, Apt 275		
		Enter Florida stre	et address	
	St. Petersburg		, Florida	33705
		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

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(((H220001493673)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	David A. Mereness	15425 N. Florida Ave.	
		Tampa, FL 33613	
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cord specifies a delayed effecti s filed.	ve date, but not an effective t	time, at 12:01 a.m. on the	e earlier of: (b) The 90th da	y after the
ed April 25	2022			
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		porized representative of a r		