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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

10		gistration Sevision of Cor			
Ç1	ВЈЕСТ:	parul foods	llc		
30	DJECT.		Name of Limi	ted Liability Company	
Th	e enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Pk	ase return	n all correspo	ndence concerning this matter	to the following:	
			Mrıdang Desai		
				Name of Person	
			Parul foods lle		
				Firm/Company	
			1265 Scarlet Oak Circle		
		•		Address	
			Vero beach/ FL 32966		
			mrudangdesai@yahoo.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report n	otification)
Fo	r further i	nformation c	oncerning this matter, please ca	ili:	
M	rudang De	esai		772 713 9984 at ()	
_		Name of	'Person	Area Code Dayt	ime Telephone Number
En	closed is	a check for th	ne following amount:		
	\$25.00 I	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

Parul Foods LLC		
(Name of the Limited Jahil (A Florid	lity Company as it now appears on our record la Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability	Company were filed on August 30, 2016	and assigned
Florida document number L16000162570	·	領は、五
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	_
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	SSS
	, . Fi	lorida
	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>	<u>Address</u>	Type of Action
Р	Parul Desai	1265 Scarlet Oak Circle, Vero beach, FL 32966	■ Add
			Remove
			Change
VP	Mrudang Desai	1265 Scarlet Oak Circle, Vero beach, FL 32966	■ Add
			□ Remove
			☐ Change
			Remove
			Change
			□ Remove
	•		Change
			Add
			Remove
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