

L16000170452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

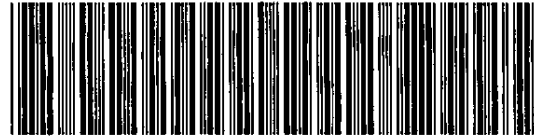
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRAMUKH ONE INVESTMENT 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:

NAVADIA SANJAY

Name of Person

PRAMUKH ONE INVESTMENT LLC

Firm/Company

16517 IVY LAKE DRIVE

Address

ODESSA, FL 33556

City/State and Zip Code

snavadia@gmail.com

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

For further information concerning this matter, please call:

NAVADIA SANJAY

813
at ()

943-1713

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 ONE INVESTMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 6, 2016 and assigned
Florida document number L16000170452.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, Florida

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> | <u>Type of Action</u> |
|--------------|--------------------------|----------------------|--|
| AMBR | INTERNATIONAL MEDICAL HI | 6850 TPC DR,STE 108, | <input checked="" type="checkbox"/> Add |
| | | MCKINNEY, TX 75070 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | NAVADIA SANJAY | 16517 IVY LAKE DRIVE | <input type="checkbox"/> Add |
| | | ODESSA, FL 33556 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | NAVADIA HEMA | 16517 IVY LAKE DRIVE | <input type="checkbox"/> Add |
| | | ODESSA, FL 33556 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MR NAVADIA SANJAY OWNED 50% UNITS OF THE COMPANY SINCE INCORPORATION DATE.

MS NAVADIA HEMA OWNED 50% UNITS OF THE COMPANY SINCE INCORPORATION DATE.

EFFECTIVE FROM 09/6/2016 MR NAVADIA SANJAY HAS TRANSFERRED HIS 50% UNITS TO

INTERNATIONAL MEDICAL HELP SOCIETY AND HE WOULD REMAIN AS A MANAGER

EFFECTIVE FROM 09/6/2016 MS NAVADIA HEMA HAS TRANSFERRED HER 50% UNITS TO

INTERNATIONAL MEDICAL HELP SOCIETY AND SHE WOULD REMAIN AS A MANAGER OF

INTERNATIONAL MEDICAL HELP SOCIETY (100%) (MEMBER/MANAGER)

THEY MAY DEPUTE ANY OF THEIR EXECUTIVE AS MANAGER ANY TIME IN THE FUTURE.

INTERNATIONAL MEDICAL HELP SOCIETY (100%) 6850 TPC DR,STE 108, MCKINNEY, TX 75070

NAVADIA SANJAY (MANAGER) 16517 IVY LAKE DRIVE, ODESSA, FL 33556

NAVADIA HEMA (MANAGER) 16517 IVY LAKE DRIVE, ODESSA, FL 33556

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E. Effective date, if other than the date of filing: _____ **(optional)**

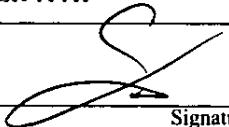
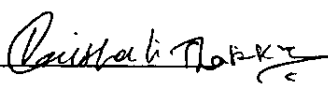
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated OCTOMBER 11TH, 2016

 Hema S Navadia 
Signature of a member or authorized representative of a member

NAVADIA SANJAY, NAVADIA HEMA, VAISHALI THAKKAR

Typed or printed name of signee