

L17000151332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

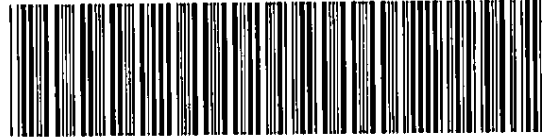
(Business Entity Name)

(Document Number)

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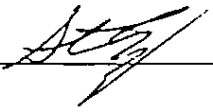
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Radhe 3 LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RADHE 3 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:

Nitin Nayak

Name of Person

Radhe 3 LLC

Firm/Company

5050 HAINES ROAD

Address

ST. PETERSBURG FL 33714

City/State and Zip Code

BNNFOODMART@GMAIL.COM

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

For further information concerning this matter, please call:

NITIN NAYAK

Name of Person

at (727)
Area Code

348-6476

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RADHE 3 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 07/14/2017 and assigned
Florida document number L17000151332.

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 "LLC."

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: NITIN NAYAK

New Registered Office Address: 5050 HAINES ROAD
Enter Florida street address

ST PETERSBURG, Florida 33714
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.

NITIN NAYAK
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMILA PATEL	5050 HAINES ROAD	<input type="checkbox"/> Add
		ST.PETERSBURG FL 33714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HARDIK SHAH	5050 HAINES ROAD	<input type="checkbox"/> Add
		ST.PETERSBURG FL 33714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIRAT PATEL	5050 HAINES ROAD	<input type="checkbox"/> Add
		ST,PETERSBURG FL 33714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NARTAN PATEL	5050 HAINES ROAD	<input checked="" type="checkbox"/> Add
		ST.PETERSBURG FL 33714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DILIP NAYAK	5050 HAINES ROAD	<input checked="" type="checkbox"/> Add
		ST.PETERBURG FL 33714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CLERK OF STATE
TALLAHASSEE, FL

LIBRARY OF STATE
TALLAHASSEE, FL
201001-2 AM 8:40

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.

NITIN NAYAR
Signature of a member or authorized representative of a member

NITIN NAYAK
Typed or printed name of signee

Filing Fee: \$25.00