

To:

Page: 1 of 5

2024-06-21 20:29:04 GMT

18134368460

From: Venerable Law Firm

6/21/24, 4:23 PM

Division of Corporations

H24000216261 3

L18000057740

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and tit number (shown below) on the top and bottom of all pages of the document.

((H24000216261 3)))



H240002162613ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC
Account Number : I20210000107
Phone : (813)284-4727
Fax Number : (813)436-8460

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

Email Address: notices@venerable.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RK LIQUORS TAMPA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUN 24 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000216261 3

COVER LETTER

TO: Registration Section
Division of Corporations
 RK LIQUORS TAMPA LLC

SUBJECT: _____
 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:

JASON SAMPSON

 Name of Person

Venerable Corporate and Trust Services, LLC

 Firm/Company

301 West Platt Street, No. 657

 Address

Tampa FL 33606

 City/State and Zip Code

jsampson@venerable.law

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

For further information concerning this matter, please call:

Jason Sampson 813 284-4727
 _____ 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 Address:

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 24 JUN 21 PM 4:32

H24000216261 3

H24000216261 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RK LIQUORS TAMPA 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 03/05/2018 and assigned
Florida document number L18000057740

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**)

8202 N florida ave

tampa, fl, 33604

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8202 N florida ave

tampa, fl, 33604

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

H24000216261 3

H24000216261 3

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	Brijesh Shroff	14211 Avon Farms dr	<input checked="" type="checkbox"/> Add
		Tampa, FL, 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richa Shroff	14211 Avon Farms dr	<input checked="" type="checkbox"/> Add
		Tampa, FL, 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	AMBA HOLDINGS, LLC	30 N. Gould Street	<input checked="" type="checkbox"/> Add
		Suite R	<input checked="" type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 21 4:14 PM '24

H24000216261 3

