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COVER LETTER

TO: Registration Sec Division of Corp			
'SUBJECT: <u>M</u>	chant Krypa L Name of Lim	LC lited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filling.	
Please return all correspor	ndence concerning this matter	to the following:	
	Vi	shal Patel Name of Person	
		Name of Person	
	Mahant	Firm/Company	<u> </u>
	26977	Wild Bloom Dr. Address	
	Wesley	Chapel FL 33 City/State and Zip Code	544
	Spainghild Bi-mail address: 1	Lshell @ 9 mail. Cor	Y)
For further information co	oncerning this matter, please ca	all:	
Vishal	Person	at (<u>55</u>] <u>208</u> –	7582
Alline III	Terson	Avea Code Paymer	rerepiinte (vanabei
Enclosed is a check for the	e 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

Mahant Krupa L	LC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L180001227844}{}$.	were filed on <u>05/16</u>	2018 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		20 SE	
		\$ 00 m	
		₩. C.	7-22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		PM	
		Fii 9	
B. If amending the registered agent and/or registered office angent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new register	<u>red</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	ldress	
		. 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>	Address	Type of Action
AMBR	Kesav Investment LLC	7901 4th St N	_ \dd
		St. Petersburg, FL 3370;	Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Петюче
			Change
			□Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			□Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing: OI /OI / ZOZO (optional) cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record record is fil	d 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 ed.
Dated	December 17th 2019 . Wishelf.
	Signature of a member or authorized representative of a member Vishal Patel
	Typed or printed name of signer

Filing Fee: \$25.00