118000 141269

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



600315785646

87/19/18--01007--015 ++25.00

SECRETARY OF STATE STORE OF CORPORATIONS

Office Use Only

N COOPER JUL 2 7 2018

COVER LETTER

TO:	Registration So Division of Cor		٠	
	-1 -//8	RAJAT FOOD	OS LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub- indence concerning this matter		
		REK	HA PEDN E KAR	
			Name of Person	
		ACCOL	JNTING ADVANTAGE	
			Firm/Company	
		3898 VIA I	POINCIANA, SUITE 15	
			Address	
		WEST PAL	M PALM BEACH, FL 33467	
			City/State and Zip Code	
		RPEDNEK	AR@AACPAUSA.COM	
		E-mail address: (to be used for future annual report no	tification)
For fur	rther information c	oncerning this matter, please ca	ali:	
	REKHA PEDN	NEKAR	561 687-6466	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is a check for t	he following amount:		
\$2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAJAT FOODS LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number	iled on06/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	, -	
		9
Enter new mailing address, if applicable:		3 35 5
Mailing address MAY BE A POST OFFICE BOX)		
		32 32
3. If amending the registered agent and/or registered office ac registered agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the o
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
Cit		Zıp 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.

H 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
MGR	RAJNIKANT S PATEL	6624 DUVAL AVE	
		WEST PALM BEACH, FL 33411	■ Remove
			Change
MGR 	SHWETA R PATEL	6624 DUVAL AVE	.
		WEST PALM BEACH, FL 33411	□ Remove
			Change
			□ Remove
			Change
		Add	
		□ Remove	
			☐ Change
		_	
			□ Remove
			☐ Change
	 		🗆 Add
			Remove
			☐ Change

			-
			_
			_
		<u>-</u>	_
		<u>-</u>	-
			_
			_
			_
		ಹ	OIVISIO
			- SION
		9	- 약A
		3	- ORPO - PO:
		_ <u></u> ::_	- 821 - 21
		32	
		<u></u> -	
			_
Note:	tive date, if other than the date of filing:	ant to 60 ot be lis	5.0207 ted as
The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90th day after the record is filed.	e earli	ier of
Dated	07/16/2018		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00