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COVER LETTER

то:	Registration Se Division of Cor			
	#3 C#43	3814 Gunn Hwy LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Vinanta Mundra	
			Name of Person	
			Pranava LLC	
			Firm/Company	
		3	814 Gunn Hwy, Suite D	
			Address	
			Tampa, FL 33618	
			City/State and Zip Code	
			vmundra@hotmail.com	
		E-mail address: ()	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
Vina	nta Mundra		813 857-7334 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	ne following amount:		•
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

<i>∮</i> =² .	
2019 APR 19	AH 10: 43

3814 GUNN HWY LEC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) June 20, 2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __P18000151476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRANAVA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3814 Gunn Hwy Enter new principal offices address, if applicable: Suite D (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33618 3814 Gunn Hwy Enter new mailing address, if applicable: Suite D (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33618 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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			Remove
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			Remove
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			Remove
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record specifies a delaye	d effective date, bu	ut not an effectiv	e time, at 12:01 a.r	n. on the earlier o
ument's effective date on the D			5 1	
effective date is listed, the date mu e: If the date inserted in this b	st be specific and cannot b	e prior to date of filing o	r more than 90 days after fil	ing.) Pursuant to 605.020
ective date, if other than the	e date of filing:		(option	al)
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00