

L18000189353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

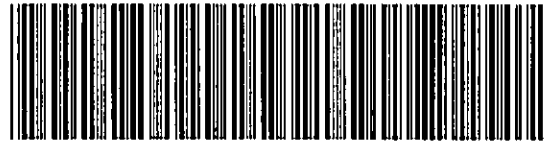
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/22--01010--007 ♦♦25.00

22 SEP 26 PM 3:33

Division of Child Support

RAMUNNO LAW FIRM, P.A.

A FLORIDA PROFESSIONAL ASSOCIATION

Lorenzo Ramunno, Esq.
Member Bar FL, TN & NY
Ramunnolaw@gmail.com
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Kyle Hope, Esq
Member of The Florida Bar
JASMINE PROF PARK
7500 SW 61 Ave. Suite 100
Ocala, FL 34476

September 21, 2022

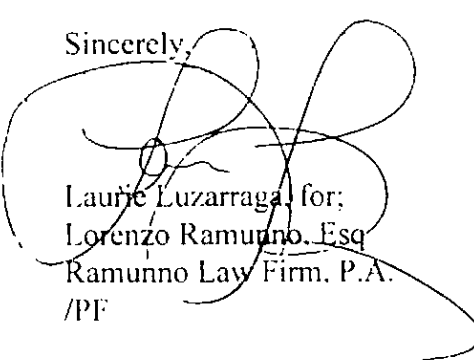
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change in KUD Associates, LLC

Hello,

Please see the requested signed documents to remove two individuals from the above LLC along with the \$25.00 filing fee.

Sincerely,



Laurie Luzarraga for;
Lorenzo Ramunno, Esq
Ramunno Law Firm, P.A.
/PF

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RECEIVED
DIVISION OF CORPORATIONS
SEP 26 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KUD Associates, 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:

Damyanti C Doshi

Name of Person

KUD Associates, LLC

Firm/Company

8100 SW 54TH CT

Address

Ocala FL 34475

City/State and Zip Code

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

For further information concerning this matter, please call:

Damyanti C Doshi

352 362-4937
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

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RECEIVED
DIVISION OF CORPORATIONS

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

(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 _____ and assigned Florida document number _____.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

22 SEP 26 PM 3:33
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

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

When 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	Karan H. Doshi	8100 SW 54th Ct Ocala, FL 34476	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Urvi H. Doshi	8100 SW 54th Ct Ocala, FL 34476	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 2016 PM 3:33
OFFICE OF THE
CLERK OF THE
COURT
JUDICIAL
BRANCH

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please removed Karan H. Doshi and Urvi H. Doshi

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E. Effective date, if other than the date of filing: _____ **(optional)**

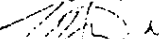
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/2/2022

DocuSigned by:

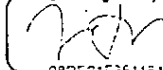


Signature of a member or authorized representative of a member

KARAN H. DOSHI

Typed or printed name of signee

DocuSigned by:



Signature of a member or authorized representative of a member

URVI H. DOSHI

Typed or printed name of signee