

L18000273435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

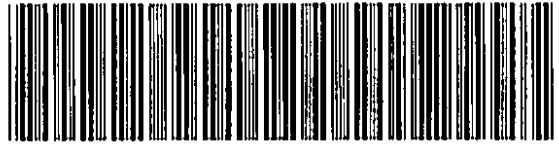
(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
FALL COUNTY

n PRUCE  
AUG 08 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FERVENZI 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:

**Sonia Becerra**

Name of Person

**Swyft Filings**

Firm/Company

**3 Greenway Plaza #1320**

Address

**Houston, TX 77046**

City/State and Zip Code

**filings@swyftfilings.com**

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

For further information concerning this matter, please call:

**Sonia Becerra**

Name of Person

at ( **877** )  
Area Code

**777-0450**

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

SECRET  
TALLAHASSEE, FL

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

**FERVENZI, 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 11/27/2018 and assigned  
Florida document number L18000273435.

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8850 NW 36th St.  
# 2116, Doral, FL 33178

**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**

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	GURPREET SINGH	6470 pine meadow cir	<input type="checkbox"/> Add
		Stockton, CA 95219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHILPA KAUL	8850 NW 36TH STREET 2116	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MADHUSUDAN NARASIMHAIAH	8850 NW 36TH STREET 2116	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECT-1006  
FALLABA

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 07/16/2021  
Gautam Kaul  
 Signature of a member or authorized representative of a member  
GAUTAM KAUL  
 Typed or printed name of signer