L19000073707

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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		··-,
(Do	cument Number)	
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SECRETARY OF STATE
ALL AHASSET FLORIDA

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T SCHROEDER

COVER LETTER

Division of Co	rporations		
SUBJECT: KRISHA	APPLIANCES, LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Bhaumik Patel	·	
		Name of Person	
	KRISHA APPLIANCE	S. LLC	
		Firm/Company	-
	622 Mason Avenue		
		Address	
	Daytona Beach FL 3211	7	
		City/State and Zip Code	······································
	bantikp8@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Bhaumik Patel		ar, 386 \ 681-7126	
Name c	of Person	at (386) 681-7126 Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Registration Section

TO:

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

KRISHA APPLIANCES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number <u>L19000073707</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		P _{cc}
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	(· .
Enter new principal offices address, if applicable:	7901 4th St N	ARL R T
Principal office address MUST BE A STREET ADDRESS)	STE 300	38.8 8-
 	St. Petersburg FL 33702	2
Enter new mailing address, if applicable:	7901 4th St N	D 9: 0) STATE LORIDA
Mailing address MAY BE A POST OFFICE BOX)		
	St. Petersburg FL 3370	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: Northwest F	fice address on our recor e: Registered Agent LLC	ds, enter the name of the ne
7901 4th St	N STE 300	
New Registered Office Address: 7901 4th St	Enter Florida street addr	PSS
St. Petersb		
	City .	Florida 33702 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· •	ig some

If Changing Registered Agent, Mgnature of New 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 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 Actio
ambr	Bhaumik Patel	622 mason ave,daytona beach,fl 32117
		Remove
		Change
		□ Add
		Remove
		SSE SE
		DR Change
		Remove
		Add
		Remove
		Change
		Add
		Remove
		Change

picase snow name o	n sunbiz for city requarment	
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fective date, if other than the	date of filing: 04/05/2019	(optional)
in effective date is listed, the date mu-	t be specific and cannot be prior to date of filing or nock does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 605.03
ocument's effective date on the D	partment of State's records.	g requirements, this date will tak be listed
record specifies a delayer The 90th day after the rec	effective date, but not an effective to ord is filed.	time, at 12:01 a.m. on the earlier
1ted 04/05	2019	
	ATTA	
	Signature of a member or authorized representative	out a manhae

Page 3 of 3

Filing Fee: \$25.00