



Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000168269 3)))



H220001682693ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RNA ALF LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

FILED
2022 MAY 11 PM 2:23
STATE OF FLORIDA
TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

2022 MAY 11 AM 9:29

MAY 13 2022

T. LEMIEUX

COVER LETTER

H22000168269 3

**TO: Registration Section
Division of Corporations****SUBJECT:** RNA ALF 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:

PARESH DESAI

Name of Person

Firm/Company507 NW 9TH AVENUE

Address

CRYSTAL RIVER, FLORIDA 34428

City/State and Zip Code

desaipg@hotmail.com

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

For further information concerning this matter, please call:

PARESH DESAI 352 634-0980
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

H22000168269 3

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

RNA ALF 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 07/18/2019 and assigned
Florida document number L19000185129.

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)

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

City

Florida

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

H22000168269 3

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

Title	Name	Address	Type of Action
AMBR	RAJESH CONTRACTOR	3070 CENTER STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Managing Member	PARESH DESAI	507 9TH AVENUE	<input type="checkbox"/> Add
		CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BIKKASANI PURNCHANDRA	16408 Ayilla Blvd	<input type="checkbox"/> Add
		Tampa, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARESH DESAI	507 9TH AVENUE	<input checked="" type="checkbox"/> Add
		CRYSTAL RIVER, FL 34428	<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

H22000168269 3

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

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 May 10 2022

Signature of a member or authorized representative of a member

CHIRAG B. KABRAWALA, ESQ.
Typed or printed name of signer

Filing Fee: \$25.00