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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FL

11/12/20
@

COVER LETTER

OFF: Registration Section
Division of Corporations

SUBJECT: Vahanvati Krupa, 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:

Varshaben J Patel
Name of Person

Vahanvati Krupa LLC
Firm/Company

5277 S US Highway 441
Address

Lake City, FL 32025
City/State and Zip Code

brendasorensen@embarqmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Sorensen at 850-342-
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2020 NOV 12 PM 3:26

Vahanvati, Krupa, LLC

~~(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)~~

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/07/2020 and assigned
Florida document number L20000208815.

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

_____. 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	Krutav Patel	328 SW Alachua Ave	<input type="checkbox"/> Add
		Lake City, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Varshaben J. Patel	885 N Jefferson St	<input checked="" type="checkbox"/> Add
		Monticello, FL 32344	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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