

K20000346877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARSHIA AARAV HOLDINGS, 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:

JOHNSON JOSEPH

Name of Person

ARSHIA AARAV HOLDINGS, LLC

Firm/Company

21934 STATE RT. 40

Address

ASTOR, FL 32102

City/State and Zip Code

johnsonjoseph25@hotmail.com

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

For further information concerning this matter, please call:

VIBHU SETHI

571 212-6649
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

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

ARSHIA AARAV HOLDINGS, 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 11/02/2020 and assigned Florida document number L20000346877.

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:

21934 STATE RT 40

(Principal office address MUST BE A STREET ADDRESS)

ASTO, FL 32102

Enter new mailing address, if applicable:

21934 STATE RT 40

(Mailing address MAY BE A POST OFFICE BOX)

ASTOR, FL 32102

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:

JOHNSON JOSEPH

New Registered Office Address:

21934 STATE RT 40

Enter Florida street address

ASTOR

, Florida 32102

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>
MGR	JOHNSON JOSEPH	21934 STATE RT. 40	<input checked="" type="checkbox"/> Add
		ASTOR, FL 32102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIBHU SETHI	1308 E. CHINABERRY CT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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FBI WASH DC

2021 JUN 13 PM 3:12
FBI LABORATORY

(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)

Dated JANUARY 07 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

УТВЕРЖАЮ

SETHI

Typed or printed name of signee