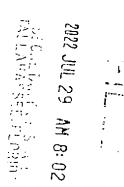
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	,
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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Office Use Only

COVER LETTER

TO:

TO: Registration S Division of Co				
PRAMTA	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	BHARATESH (BOB) PA	rei.		
		Name of Person		
	ACCOUNTAX SERVICE	s		S. 8
		Firm/Company		VEVOTAV. VEVOTAV. TID 2262
	2323 TOPAZ ISLE LANE			
		Address		1116
	APOPKA, FL. 32712			A A
		City/State and Zip Code		# 8: 02
	BOB@ACCOUNTAXSER	VICE.NET to be used for future annual repo	ort notification)	
For further information of	concerning this matter, please co	·	·····,	
BHARATESH (BOB) P	ATEL	407 252-45	338	
Name (of Person	Area Code E	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
≥ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	ii Certified	e of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	The Centre 2415 N. M		10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAMTA LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>01/20/2021</u>	and assign	ed
Florida document number 1.21000039294			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	dity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L C	
Enter new principal offices address, if applicable:		2022	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	;
		29	24 Paul
		117	Ī
Enter new mailing address, if applicable:		15 3 3	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new re	egistered
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with a 605, F.S. Or, if this docume	nd

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>	Type of Action
AMBR	AASHNI LLC	1002 ARISTA BLVD	= Add
		VALRICO, FL 33594	□ Remove
			□Change
AMBR	VIRMI LLC	1002 ARISTA BLVD	■Add
		VALRICO, FL 33594	□Remove
			□ Change
AMBR	AZORESCO LLC	2117 COLINAS VERDAS RD.	
		CEDAR PARK, TX 78641	
AR	PATEL, PRAVINKUMAR	1002 ARISTA BLVD	A CO DAME
		VALRICO, FL 33594	Remove
			□Change
AR	PATEL, ANYA	1002 ARISTA BLVD	
		VALRICO, FL 33594	■Remove
			□Change
AR	PATEL, AMI	2117 COLINAS VERDAS RD.	□ Add
		LEANDER, TX 78641	≘ Remove
		. 	(□Change

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		2 N	-
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e: If the date inserted in this	e date of filing: ust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 60, filing requirements, this date will not be list	5.020 ted a
stiled.	ve date, but not an effective time, at 12:01 a		er th
ed	n patel Signature of a member or authorized represent		

Filing Fee: \$25.00