

L210000118620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

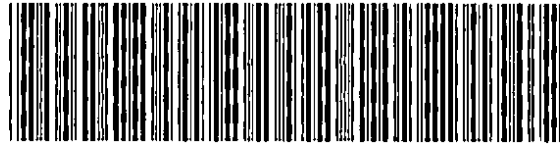
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LLC amend

05/24/22--01019---009 \*\*60.00

FILED

2022 MAY 24 AM 10:03

RECEIVED

2022 MAY 24 PM 1:44

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY  
MAY 25 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KABADI 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:

AJAY PATEL.

Name of Person

Firm/Company

4350 HIGHCROFT DR

---

Address

WESLEY CHAPEL,FLORIDA.33545

City/State and Zip Code

AAAA\_007@YAHOO.COM

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

for further information concerning this matter, please call:

Y PATEL at (813) 786-7046

Name of Person Area Code Daytime Telephone Number

ed is a check for the following amount:

☐ \$5.00 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**

2022 MAY 24 AM 10:03

KABADI LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/15/2021 and assigned  
Florida document number L21000118620.

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)**

**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

*City*

*Zip Code*

**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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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	PATEL RAKESH	2143 LONGLEAF CIR	<input type="checkbox"/> Add
		LAKELAND,FL,33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GANGAVARUPU SRUJANA	27513 EDENFIELD DR	<input type="checkbox"/> Add
		WESLEY CHAPEL,FL,33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAMA LLC	8115 BLOSSOM AVE	<input type="checkbox"/> Add
		TAMPA,FL,33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PATEL JEFENDRA	2987 HILLIARD DR	<input type="checkbox"/> Add
		WESLEY CHAPEL,FL,33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SHIV SHIVA LLC	4350 HIGHCROFT DR	<input type="checkbox"/> Add
		WESLEY CHAPEL,FL,33545	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	JIBA FAMILY LP	12802 MIRAMAR PL	<input type="checkbox"/> Add
		TAMPA,FL,33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AMBR NAME: PATEL HARNISH ADDRESS: 6569 SILVERADO RANCH BLVD,ZEPHYRHILLS,FL.33541

NEEDS TO REMOVE FROM CORPORATION.

fective date, if other than the date of filing: 05/20/2022 (optional)

n 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)

te: 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.

cord 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  
is filed.

d 24TH MAY 2022

A. V. Patel

Signature of a member or authorized representative of a member

AJAY V PATEL,

Typed or printed name of signee