

L22 000001709
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.)

(((H24000078851 3)))



H240000788513ABC2

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 : THERREL BAISDEN, LLP
Account Number : 120140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

2024 FEB 28 PM 3:05

01570

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

Email Address: MHasner@Therrelbaisden.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
6865 VERONESE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON
FEB 29 2024

RECEIVED

2024 FEB 28 AM 10:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6865 VERONESE, 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:

Mark M. Hasner, Esq.

Name of Person

Therrel Baisden, LLP

Firm/Company

1 SE 3rd Ave, STE 2950

Address

Miami, FL 33131

City/State and Zip Code

mhasner@therrelbaisden.com

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

For further information concerning this matter, please call:

Mark M. Hasner

305

371-5758

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

2024 FEB 27 PM 3:05

1124 0000 78851 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6865 VERONESE, 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 1/3/2022 and assigned Florida document number L22000001709.

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

2024 FEB 29 10:03 AM EST

1100-1028513

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	Sunil Agrawal	6150 SW 104th Street	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ncha K. Madhogaria	6150 SW 104th Street	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AGRAWAL HOLDINGS, LLC	6150 SW 104th Street	<input checked="" type="checkbox"/> Add
		Pinecrest, FL 33156	<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

