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| (Re                     | questor's Name)   |             |
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| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| <u> </u>                |                   |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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A. BUTLER APR 1 4 2022

## **COVER LETTER**

TO:

Registration Section

| Divisi                | on of Cor                                    | porations                                    |  |  |
|-----------------------|--|--|--|--|
|                       | efyn LLC                                     |  |  |  |
| SUBJECT: _            | <u>.                                    </u> | Name of Lim                                  | ited Liability Company   |  |
|                       |  |  |  |  |
| The enclosed A        | articles of.                                 | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please return al      | ll correspo                                  | ndence concerning this matter                | to the following:  |  |
|                       |  | Pranay Patet                                 |  |  |
|                       |  |  | Name of Person   |  |
|                       |  | Refyn LLC                                    |  |  |
|                       |  |  | Firm/Company   | <del> </del>   |
|                       |  | 5119 Little Stream lang                      |  |  |
|                       |  |  | Address  |  |
|                       |  | Wesley Chapel FL 33545                       |  |  |
|                       |  |  | City/State and Zip Code  |  |
|                       |  | patelpranay97@gmail.com                      | to be used for future annual report                              | notification)  |
| For further info      | ormation co                                  | oncerning this matter, please ca             | •  | ,  |
| Pranay Patel          |  |  | 763 4824062  |  |
|                       | Name of                                      | f Person                                     | at ()<br>Area Code Day   | rtime Telephone Number   |
| Enclosed is a c       | heck for th                                  | e following amount:                          |  |  |
| <b>■ \$25.00</b> Fili | ing Fee                                      | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                       | ng Addres<br>stration S                      |  | <u>Street Address</u><br>Registration                            |  |
| Divis                 | sion of C                                    | orporations                                  | Division of (  | Corporations   |
|                       | Box 632<br>hassee, I                         | 7<br>FL 32314                                |  | of Tallahassee<br>proc Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

FILED

| Refyn LLC.   | 202   | 72 MAP 20 AM -                            |
|--|---|---|
| (Name of the Limited Liab                                      | ility Company as it now appears or                                | iour Pecords.) All 8: 50                  |
| ,  | Ility Company as it now appears of ida Limited Liability Company) | CRETARY DE STATE                          |
| The Articles of Organization for this Limited Liability        | Company were filed on $\frac{01/19/9}{2}$                         | 2022 AHASSEE, FI and assigned             |
| Florida document number L22000036029                           |   |   |
|  | <del>_</del>  |   |
| This amendment is submitted to amend the following:            |   |   |
| A. If amending name, enter the new name of the lin             | mited liability company here:                                     |   |
| The new name must be distinguishable and contain the words "Li | imited Liability Company." the desig                              | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:            |   |   |
| (Principal office address MUST BE A STREET ADL                 | ORESS)  |   |
|  |   |   |
|  |   |   |
| Enter new mailing address, if applicable:                      |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)                     | <del> </del>  |   |
| maning unartss MAT BE AT LOST OF FIEL BOTH                     | <del></del>   |   |
|  |   |   |
| B. If amending the registered agent and/or register            | ed office address on our reco                                     | rds, enter the name of the new registere  |
| agent and/or the new registered office address here            |   | enter the near of the second              |
|  |   |   |
| Name of New Registered Agent:                                  |   |   |
|  |   |   |
| New Registered Office Address:                                 | Enter Florida:  | street address                            |
|  |   |   |
|  | City  | , Florida                                 |
|  | ~ n,  |   |

## New Registered Agent's Signature, if changing Registered Agent:

Refvn LLC.

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>    | Address                                 | Type of Action |
|--------------|----------------|---|----------------|
| MGR          | Pranshu Parmar |   | _ 🗆 Add        |
|              |                | 10914 GEORGIA AVE, APT 450WHEATON, MD 2 | 20<br>■Remove  |
|              |                |   | _ □Change      |
| MGR          | Janki Patel    | 26 Wagon Trail, Mahwah, NJ 07430        | _ <b>=</b> Add |
|              |                |   | _ Remove       |
|              |                |   | Change         |
|              |                |   | □Add           |
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| Note: I.            | the date, if other than the date of filing: (optional)  thive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records. |
| record<br>d is file | 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 d.   |
|                     |   |
| Dated               |   |
| Dated _             | M.M.  |
| Dated _             | Signature of a member or authorized representative of a member  |