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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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PECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 08/31/2023

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY

DISCOVER HOME LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DISCOVER HOME LLC

Please file the attached amendment.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO:

Registration Section Division of Corporations

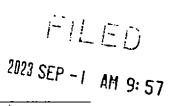
Tallahassee, FL 32314

	R HOME LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ameya Patki		
		Name of Person	
	DISCOVER HOME LLC		
		Firm/Company	
	18182 sandy pointe dr		
		Address	-
	tampa, fl-33647		
		City/State and Zip Code	
	discoverhomelle@gmail.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ameya patki		405 3854685	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DISCOVER HOME LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	y were filed on $\frac{01/21/2022}{}$	and assigned
Florida document number 1.22000040524		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
maning dances MAT BE A LOST OF FICE BOA	-	
B. If amending the registered agent and/or registered office	e address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street c	ıddress
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my dutie s provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
<u>It C</u> t	anging Registered Agent, Signa	ture 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	CHAVAN VIKRAM	A/26/302, HAPPY VALLEY, TIKUJINIWADI RD.	
		THANE, MH 40061-0 IN	= Remove
		<u></u>	□Change
AMBR	chavan.pradnya	18182 sandy pointe dr	□Add
		tampa, fl 33647	= Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
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ective date, if other t	han the date of	filing:			_ (optional))		
n effective date is listed, the tee: If the date inserted	in this block does	not meet the app	licable statutory	or more than 90 da filing requireme	ays after filing nts, this date) Pursi : will r	uant to 60 101 be li	05.020 sted a
cument's effective date	on the Departmer	it of State's recor	ds.					
ecord specifies a delayed is filed.	l effective date, bu	ut not an effective	e time, at 12:01 :	a.m. on the earlie	er of: (b) T	ne 90th	ı day af	ter the
ted		·	·					
		Grons						
		~ <i>></i>		tative of a member				

Filing Fee: \$25.00