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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
eun iczt.	29 & NEAL DEV	ELOPMENT, L.L.C.			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		SHIKHA ASIJA			
	<del></del>	Name of Person	<del></del>		
	29 &	NEAL DEVELOPMENT.	L.L.C.		
Firm/Company					
		968, JACOBS WAY,			
Address					
	CANTONMENT, FLOIRDA - 32533				
		City/State and Zip Code			
	BUTAN	ISHIKHA1234@GMAIL.	COM		
	E-mail address: (	to be used for future annual re	eport notification)		
For further information co	oncerning this matter, please c	all:			
SHIKH	A ASIJA	850 at ()	293 - 0081		
Name of	l Person	Area Code	Daytime Telephone Number		
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certificate of Status &		
Mailing Addres Registration 5		Street Ade Registra	dress: tion Section		
Division of C	orporations	Division	Division of Corporations		
P.O. Box 632 Tallahassee, F			tre of Tallahassee Monroe Street, Suite 810		
rananassee, r	L J4J19	Z413 IV.	MOHIOC SUCCE, SUITE 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29 & NEAL D	EVELOPMENT, L.L.C		
( <u>Name of the Limited Liability Co</u> 4A Florida Lim	ompany as it now appear ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	nany were filed on	02/04/2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	968 JACC	BS WAY, CANTON	MENT, FL 32533
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
			70.
Enter new mailing address, if applicable:	<del></del>		س. 
(Mailing address MAY BE A POST OFFICE BOX)			<u></u> المراجعة المراجعة الم
	<del></del>		
			?
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	ecords, <u>enter the</u> na	me of the new registere
Name of New Registered Agent:			
New Registered Office Address:		<del> </del>	
	Enter Flor	ida strevi address	
		Florida _	Zip Code
	Ciù		1317 C 1410

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 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	SHIKHA ASIJA	968 JACOBS WAY, CANTONMENT, FL 32533	□Add
			□Remove
			N Change
<u>-</u>			□Add
			□Remove
			□Change
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	10/14/2023	
Effective date, if other than the offertive date, if other than the offertive date is listed, the date must	late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) F	Pursuant to 605.0207
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this date w	ill not be listed as
document's effective date on the De	parament of State's records.	
r can rel consistence a dalamad affection	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	Ofth day after the
rd is filed.	trace, but not an effective time, at 12.01 a.m. on the carrier of (b)	zoni day arter me
OCT, 14TH Dated	2024	
	Milla & Soll	
-	ignature of a member or authorized representative of a member	<del>-</del>
•	ignature of a membersor authorized representative to a member	

Filing Fee: \$25.00