

L22000079459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

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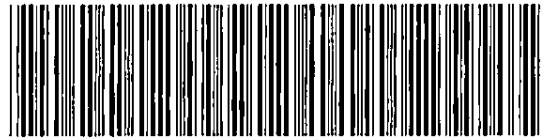
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREANJALI AGRIFARM 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:

KARAPAKULA, RAMANJULU NAIDU

Name of Person

PREANJALI AGRIFARM LLC

Firm/Company

12906 S County Rd 39

Address

Lithia, FL 33547

City/State and Zip Code

Preanjalifarms@gmail.com

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

For further information concerning this matter, please call:

KARAPAKULA, RAMANJULU NAIDU

706 2232682
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
Certificate of
Certified Copy
(additional copy is
&
l)

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PREANJALI AGRIFARM 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 02/17/2022 and assigned
Florida document number L22000079459.

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:

12906 South County Road 39

(Principal office address MUST BE A STREET ADDRESS)

Lithia

FL- 33547

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
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

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TALLAHASSEE, FL

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	Ramanjulu Naidu Karapakula	12906 S County Rd 39	<input checked="" type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRAKRITI FARMS LLC	12906 S County Rd 39	<input checked="" type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Venkat Investments LLC	8069 Adelaide Dr	<input type="checkbox"/> Add
		COLUMBUS, GA 31909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRASADA RAO PANGA	751 Silver Cloud Cir. APT 205	<input checked="" type="checkbox"/> Add
		Lake Mary	
		FL 32746-1520	
AMBR	Madhavi Aluri	7302 San Vista dr	
		Columbus	<input type="checkbox"/> Remove
		GA 31909 - 6042	<input type="checkbox"/> Change
AMBR	VeeraVenkata SatishBabu chunduri	472 Carmichael Cir	<input checked="" type="checkbox"/> Add
		Canton	<input type="checkbox"/> Remove
		GA 30115-6853	<input type="checkbox"/> Change

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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	Santhi Adigopula	1735 Marcia Overlook Dr	<input checked="" type="checkbox"/> Add
		Cumming	<input type="checkbox"/> Remove
		GA 30041-1322	<input type="checkbox"/> Change
AMBR	Uma sirisha Ammu	4798 BeachRose Way	<input checked="" type="checkbox"/> Add
		Lakeland	<input type="checkbox"/> Remove
		FL 33811	<input type="checkbox"/> Change
AMBR	Dr Bipul Roy	2533 Regal River Rd	<input checked="" type="checkbox"/> Add
		Valrico	<input type="checkbox"/> Remove
		FL 33596-6182	<input type="checkbox"/> Change
AMBR	Renuka Devi Gattu	2248 Landside Dr	<input checked="" type="checkbox"/> Add
		Valrico	<input type="checkbox"/> Remove
		FL 33594	<input type="checkbox"/> Change
AMBR	Venkata Naga Sravanthi Guda	2125 Landside Dr	<input checked="" type="checkbox"/> Add
		Valrico	<input type="checkbox"/> Remove
		FL 33594	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

(If an 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)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00