## 172000127874

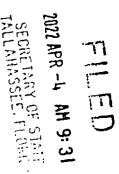
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J. HORNE
APR 18 2022
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
BALGOPA	al lec		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAKESHBHAI PATEL		
		Name of Person	
	BALGOPAL LLC		
		Firm/Company	
	6510 N US HWY 301		
		Address	<del></del> _
	TAMPA, FL 33610		
	-	City/State and Zip Code	·
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
RAKESHBHAI PATEL		239 8885092	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	rl 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -4 AM 9:31

BALGOPAL LLC

(Name of the Limited Liability Company as it now appears on our records) SECRETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FLORICE

The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{3/14/2022}{1}$	and assigned
Florida document number L22000127874		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	on "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)		·
	<del></del>	
B. If amending the registered agent and/or registered offic	e address on our record	s, 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:		
New Registered Office Address.	Enter Florida stre	et address
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions 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 office	ete performance of my di s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
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	HITESH S BARVALIYA	10064 MIMOSA SILK DR	<b>\equiv</b> Add
		FORT MYERS, FL 33913	□Remove
			□Change
			□Add
			□Remove
			□Change
		····	□Add
			□Remove
			Change
		□Add	
		□Remove	
			☐ Change
	<del></del>	□Add	
			Remove
			Change
			□Add
		<del> </del>	□Remove
			☐ Change

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Signature of a member or authorized representative of a member	
RAKESHBHAI PATEL	

Filing Fee: \$25.00