## L72000278937

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2022 JUL 12 AM 8: 22 SECRETARY OF STATE TALL AHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration Se<br>Division of Coa                                 |   |  |                                     |                          |
|--|---|--|-------------------------------------|--------------------------|
| PADMAJA  | N LLC                                     |  |                                     | 4                        |
| SUBJECT:   | Name of Lim                               | ited Liability Company   |                                     |                          |
|  | Amendment and fee(s) are sub              |  |                                     |                          |
|  | RASKIN SHAH                               |  |                                     |                          |
|  |   | Name of Person   |                                     |                          |
|  | RASKIN SHAH, PA                           |  |                                     |                          |
|  | <u> </u>                                  | Firm/Company   |                                     |                          |
|  | 1760 CHENEY HIGHWA                        | Y  |                                     | 200<br>S S               |
|  |   | Address  | · · · ·                             | ECR                      |
|  | TITUSVILLE, FL 32780                      |  |                                     | 2022 JUL 12<br>SECRETARY |
|  |   | City/State and Zip Code  |                                     | (T) ""·                  |
|  | RUSS@RASKINSHAHCP                         | A.COM<br>to be used for future annual report notificati  |                                     | AH B                     |
| For further information of   | concerning this matter, please c          | ·  | Will y                              | 8: 22<br>TATE<br>ORIDA   |
| RASKIN SHAH  |   | 321 269-6677   |                                     |                          |
| Name o   | of Person                                 | Area Code Daytime Tel  | ephone Number                       |                          |
| Enclosed is a check for the  | he following amount:                      |  |                                     |                          |
| \$25.00 Filing Fee   | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certified C                         | of Status &              |
| Mailing Address Registration : Division of C P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27             | Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32. | ations<br>shassee<br>reet, Suite 81 | 0                        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PADMAJA LLC  |   |  |                            |              |
|--|---|--|----------------------------|--------------|
| (Name of the Lim   | ited Liability Compa<br>(A Florida Limited) | nny as it now appears on our<br>Liability Company) | records.)                  |              |
| The Articles of Organization for this Limited L<br>Florida document number <u>L22000228937</u> | Liability Company                           | were filed on MAY 16, 20                           | 022 ar                     | nd assigned  |
| This amendment is submitted to amend the fol   | lowing:                                     |  |                            |              |
| A. If amending name, enter the new name of   | of the limited liab                         | ility company here:                                |                            |              |
| The new name must be distinguishable and contain the   | words "Limited Liabi                        | lity Company," the designation                     | "LLC" or the abbreviati    | ion "L.L.C." |
| Enter new principal offices address, if appli  | cable:                                      | 15659 ALTON DRIVE                                  |                            |              |
| (Principal office address MUST BE A STRE.  | ET ADDRESS)                                 | FORT MYERS, FL 3390                                | )8 ZG                      | 2022         |
| Enter new mailing address, if applicable:  |   | 15659 ALTON DRIVE                                  | LAHASSE                    |              |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | FORT MYERS, FL 3390                                | اتار<br>س باتار<br>س باتار |              |
| B. If amending the registered agent and/or agent and/or the new registered office addre        | ~   | address on our records, g                          | enter the name of th       | 1 (2)        |
| Name of New Registered Agent:  | AMIT PATHA                                  | K  |                            |              |
| New Registered Office Address:   | 15659 ALTON                                 | DRIVE  Enter Florida street                        | whiteare                   |              |
|  | FORT MYERS                                  |  | _, Florida 33908           |              |
|  |   | City   |                            | 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 a | Agent, Signature | e 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   |
|--------------|--------------------------|-------------------|--|
| AMBR         | DEZAI LLC                | 300 S ORANGE AVE  | □Add   |
|              |                          | #1000             | ≅Remove  |
|              |                          | ORLANDO, FL 32801 |  |
| AMBR         | CAMILSON INVESTMENTS INC | 300 S ORANGE AVE  | 🗀 Add  |
|              |                          | #1000             | ■Remove  |
|              |                          | ORLANDO, FL 32801 |  |
|              |                          |                   |  |
|              |                          |                   | Remove  Remove |
|              |                          |                   | Remove   |
|              |                          |                   | ☐ Change   |
|              |                          |                   | □Add   |
|              |                          |                   | □Remove  |
|              |                          |                   | □Change  |
|              |                          |                   | □Add   |
|              |                          |                   | □Remove  |
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| (If an o                | etive date, if other than the date of filing:   |
|                         | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. |
|                         |   |
| If the rec<br>record is | ord 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 filed.  |
|                         |   |
| Date                    | 4_7/7/27  |
|                         | -211  |
|                         | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00