

L22000296507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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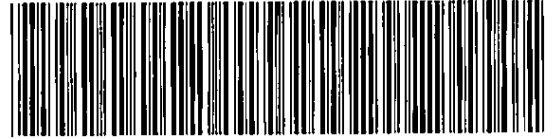
(Business Entity Name)

(Document Number)

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MAR 17 2023

COVER LETTER

**TO: Registration Section,
Division of Corporations
NAN SEELALL LLC**

SUBJECT: _____
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:

Shivlocknie Seelall

Name of Person

Nankumar Seelall LLC

Firm/Company

227 Boca Ciega Rd

Address

Mascotte, FL 34753

City/State and Zip Code

angelaseelall118@gmail.com

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

For further information concerning this matter, please call:

Shivlocknie Seelall

352 242-8356

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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

Nan Seelall LLC

2023 MAR 17 AM 11:10

(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 7/1/2022 and assigned
Florida document number 122000296507

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nankumar Seelall LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

227 Boca Ciega Rd

Mascotte, FL 34753

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

227 Boca Ciega Rd

Mascotte, FL 34753

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nankumar Seelall

New Registered Office Address:

227 Boca Ciega Rd

Enter Florida street address

Mascotte

Florida 34753

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.

Nankumar Seelall

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nankumar Seelall	227 Boca Ciega Rd, Mascotte, FL 34753	☐ Add
			☐ Remove
			☒ Change
AMBR	Shivlocknie Seelall	227 Boca Ciega Rd, Mascotte, FL 34753	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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(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.

2023

Dated _____, _____.

Shurlocknie Seelall

Signature of a member or authorized representative of a member

Shivlocknie Seelall

Typed or printed name of signee