L22 000 387 359

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COVER LETTER

	Registration So Division of Co			•		
SHPIEC	TT.	LPEKIN@ROCHE.COM LLC	•			
SUBJECT:Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		BAHADIR PEKIN				
			Name of Person	.		
		LAL AND ARYA INVES	STMENT LLC			
			Firm/Company			
		5121 STONEHURST RD				
			Address			
		TAMPA, FL 33647				
			City/State and Zip Code	 .		
		BAHADIR.PEKIN@ROC				
			to be used for future annual report noti	fication)		
For furthe	r information c	oncerning this matter, please of	all:			
BAHADI	R PEKIN		201 941-3600 at ()			
_	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed i	is a check for th	ne following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
R E	Lailing Addres Registration Solivision of C 2.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		
	allahassee, I		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAHADIR.PEKIN@ROCHE.COM LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000387359</u> .	were filed on SEPTEMBER 02, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LAL AND ARYA INVESTMENT LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5121 STONEHURST RD
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647
Enter new mailing address, if applicable:	5121 STONEHURST RD
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33647
	2022 0 SECR TAI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	FL FL
	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

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
			
			□Remove
			□ Change
			□Add
			Remove
			Change
	-		□Add
			□Remove
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			□Change

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Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable:	(optiona te of filing or more than 90 days after filin statutory filing requirements, this da	l) श्व) Pursumu to 605.0207 (3χ) ie will not be listed as the
f the record specifies a delayed effective ecord is filed.	: date, but not an effective time, r	at 12:01 a.m. on the earlier of: (b)	Fhe 90th day after the
Dated SEPTEMBER 13	2022		
			

Filing Fee: \$25.00

Typed or printed name of signee