

L22000417823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

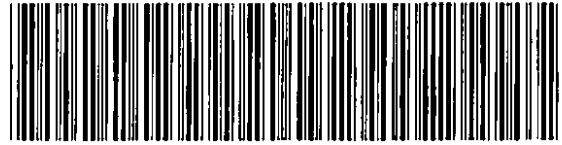
(Business Entity Name)

(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAAAAS N BAKE 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:

SEAN VIRANI

Name of Person

RAAAAS N BAKE LLC

Firm/Company

12377 S CLEVELAND AVE, UNIT 16

Address

FORT MEYERS, FL 33907

City/State and Zip Code

rajeshv2005@hotmail.com

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

For further information concerning this matter, please call:

SEAN VIRANI

678

936 0172

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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	RYAN AVILA	5025 RIVERSIDE RD	<input checked="" type="checkbox"/> Add
		WATERFORD, WI. 53185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMIN VIRANI	4442 CLAIRSON CT	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL. 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANEAL VIRANI	26 HOP RANCH CIRCLE	<input checked="" type="checkbox"/> Add
		SANTA ROSA, CA 95403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABDUL ALAM ABUL FAIZ	11642 CANOPY LOOP	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL. 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARIF LAKHANI	3500 GALT OCEAN DR	<input checked="" type="checkbox"/> Add
		# 1712A	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL. 33308	<input type="checkbox"/> Change
AMBR	NADIA LAKHANI	14640 CEDAR CREEK PL	<input checked="" type="checkbox"/> Add
		DAVIE, FL. 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA  
SUCRA LAKHANI  
ALLA MASSIE, FL

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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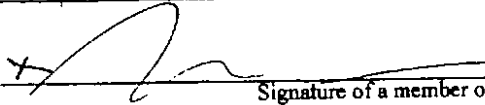
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TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10-25, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

VIRANI SEAN  
\_\_\_\_\_  
Typed or printed name of signee