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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations		
	52023 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
·	, and the second	· ·	
	MAYU PATEL		
		Name of Person	·
		Firm/Company	
	1707 A DAME DA DA DA DA	TimeCompany	
	1707 ADAMS BARN RD		
		Address	•
	LAKE ALFRED/FL/33850	() 	
		City/State and Zip Code	
	RAVI200269@MSN.COM	to be used for future annual report noti	fication)
For further information	concerning this matter, please co		
MAYU PATEL		352 217-6704	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr Registration		<u>Street Address:</u> Registration Se	ction
	Corporations	Division of Cor	
P.O. Box 63	327	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAVIUPS2023 LLC (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 01/24/2023 _ and assigned Florida document number L23000044401 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RAVIRAM2023 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) C 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: New Registered Office Address: Enter Florida street address

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.

City

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□Add
			Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of file: If the date inserted in this block does not meet the applicable statut ment's effective date on the Department of State's records.	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.03 tory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:6 filed.	01 a.m. on the earlier of: (b) The 90th day after the
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d M44 13th 2024	

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