

L23000044401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

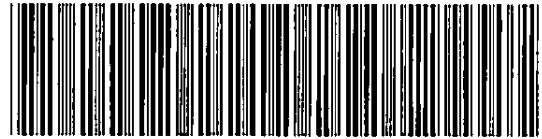
(Business Entity Name)

(Document Number)

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05/22/24--01022--016 \*\*25.00

A. HUNT  
05/22/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAVIUPS2023 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:

MAYU PATEL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1707 ADAMS BARN RD

\_\_\_\_\_  
Address

LAKE ALFRED/FL/33850

\_\_\_\_\_  
City/State and Zip Code

RAVI200269@MSN.COM

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

For further information concerning this matter, please call:

MAYU PATEL

352 217-6704  
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

**If Changing Registered Agent, Signature of New Registered Agent**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated M44 13<sup>th</sup>, 2024

  
Signature of a member

Signature of a member or authorized representative of a member

MAYU PATEL.

Typed or printed name of signee

**Filing Fee: \$25.00**