## L73000052439

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			•
	FRABON S	OLUTIONS LLC		
SUBJE	CT:			
		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		VISHAL K PARIKH		
			Name of Person	. =
		FRABON SOLUTIONS L		
		<u></u>	Firm/Company	<del></del>
		3062 NW 60TH STREE	Т	
			Address	
		MIAMI FLORIDA 3314	2	
		frabonindia@gmail.c	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
		f Person	at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
□ S2	5,00 Filing Fee	S30.00 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)
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## DocuSign Envelope ID: D99DA053-8FDB-4F64-8299-8D706ABF1001 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company  L23000052439  Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
FRABON SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	3062 NW 60TH STREE	ET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FLORIDA	72:	
Trincipal office dualess Stoot Int. A STREET ADDRESS	331.42		
		D.2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		Ç.	
		ု ပူ	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>er</u>	nter the name of the new regi	
New Registered Office Address:			
	Enter Florida street address		
		, FloridaZıp Code	
	City	Zıp Code	

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

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11 amending Authorized rerson(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
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			□Remove
			□ Change
			DAdd
			□Remove
			☐ Change
			□ Add
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ote: If	he date inserted in this block does not me	eet the applicable	statutory filing req	mirements, this da	te will n	ot be listed a
cumen	's effective date on the Department of St	ite's records.				
		. M		a analism of the	The 00+6	day after th
ecord : is filed	pecifies a delayed effective date, but not a	in effective time,	at 12:01 a.m. on th	e earner on (b)	THE 90th	day anci ui
	/14/2023					
	VISHAL K PARIKH					
			d representative of a	<del> </del>		

Filing Fee: \$25.00