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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Вс	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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WE CETYED

ALT UP 1 1 3 MAY 3 + 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u></u>
AMBIKA 51 LLC	
Please Debit 120000000257 For: 25	
Thank you Seth Neeley	
Step/	Art of Inc. File
	LTD Parmership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 05/30	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	AMBIKA 5	1 LLC		
SOBJECT.		Name of Lim	ited Liability Company	·
The england	a santata car) down and 6(a) and and	unional Confiling	
		Amendment and fee(s) are sub	-	
Please return	all correspo	ndence concerning this matter	to the following:	
		HARDIKKUMAR PATEI	-	
			Name of Person	
		AMBIKA 51 LLC		
			Firm/Company	
		2749 PAT THOMAS PAR	RKWAY	
			Address	
		QUINCY FL 32451		
			City/State and Zip Code	 _
		NAZ.BORACHI.FL@GM/		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	all:	
HARDIKKI	JMAR PATI	šL	234 817-8575	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Addres	s:	Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMBIKA 51 LLC

2021 HY 30 PM 1: 40

(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 05/24/2023 and assigned Florida document number 1.23000255182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9495 WAUKEENNAH HIGHWAY Enter new principal offices address, if applicable: MONTICELLO FL 32344 (Principal office address MUST BE A STREET ADDRESS) 9495 WAUKEENNAH HIGHWAY Enter new mailing address, if applicable: MONTICELLO FL 32344 (Mailing address MAY BE A POST OFFICE BOX) 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
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<u>Note:</u> 1	ve date, if other than the date of filing:
record d is file	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
Oated _	05/29/2023
	Phaeoikkimur Para
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00