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Office Use Only



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COVER LETTER

TO: Reg Div	istration Se ision of Cor	ction porations v	: '	
SUBJECT:	TRANSFE	R THE PERECENTAGE FOR	RAYZA LLC TO SHIVAM P PA	TEL
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		SHIVAM P PATEL		
			Name of Person	
		RAYZA LLC		
			Firm/Company	
		25119 DERBY DR,		
			Address	
	•	SORRENTO, FL - 32776.		
	•	SHIVAMLIQUOR1@GMA	City/State and Zip Code	
		-	to be used for future annual report noti	ification)
For further is	nformation c	oncerning this matter, please ea	ıll:	
SHIVAM P	PATEL		224 279-9101 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	eheck for th	ne following amount:		
■ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)			
were filed on JUNE/26/2023	and assigned		
oility company here:			
ility Company," the designation "LLC" or the	abbreviation "L.1C."		
SHIVAM P. PATEL			
33555 TERRAGONA DRIVE, SORRENTO, FL-32776.			
address on our records, <u>enter the na</u>	ime of the new regist		
Enter Florida street address	(
	•		
City: , Florida	Zip Code		
	address on our records, enter the national street address Enter Florida street address Florida		

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PARESH D. PATEL.	33555 TERRAGONA DR.	□Add
		SORRENTO FL - 32776.	Remove
MGR	RUPAL U. PATEL	25119 DERBY DR.	🗀 Add
		SORRENTO, FL - 32776.	■Remove
			Change
AP	ZALAK Y. PATEL	25119 DERBY DR.	□Add
		SORRENTO, FL - 32776.	■Remove
			□Change '
		<u> </u>	□Add .
			Remove
			□Change
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			□Remove
			_ □Change

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an effective dat Sote: If the da	, if other than the is listed, the date mate inserted in this ective date on the	iust be specific an block does not	nd cannot be prior meet the applic	to date of filing cable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) F rnts, this date w	fursuant to 605.0207 ill not be listed as
	ecifies a delayon lay after the re			ot an effectiv	ve time, at 1	2:01 a.m. or	n the earlier o
ated	1/2024.		. 2024	-((()	was		
			\		-		
		Signature of a	amember or auth	orized representa	itive of a member	•	

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Filing Fee: \$25.00