## 123000334646

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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	AARUKRI:	SH LLC			
SOBJEA.	-1i	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Sneha Mehta			
			Name of Person		
		SCM & ASSOCIATES			
			Firm Company	<del> </del>	
		P O BOX 13878			
			Address		
		TAMPA, FL. 33681			
			City/State and Zip Code		
		smartbussolu@gmail.com	to be used for future annual report notific	Stum)	
For furth	ier informatios ປ	oncerning this matter, please of			
				Zerza Jill 26	
Snehn M			813 405 2968 at ()		
	Name o	f Peison	Area Code Daytime	Telephone Number 6	
Enclosed	l is a check for th	ne following amount:		: ::	
<b>≅</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$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 5		<u>Street Address:</u> Registration Sect	tion	

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 840 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

:	AARUKRISH LLC	<u>ಚಿತ್ರಗಳು</u>	
	(Name of the Li	mited Liability Company as it now appears on or (A/Florida Eimited Liability Company)	ir records.)
	es of Organization for this Limited cument number 1.23000334646	Liability Company were filed on July 141	h, 2023 and assigned
This amend	dment is submitted to amend the fo	ollowing:	
A. If ame	nding name, <u>enter the new name</u>	e of the limited liability company here:	
The new nan	ne must be distinguishable and contain the	ne words "Limited Liability Company," the designa	non "LLC" or the abbreviation "L.L.C."
Enter new	principal offices address, if app	olicable:	
(Principal	office address MUST BE A STR	EET ADDRESS)	
(Mailing a B. If ame agent and	w mailing address, if applicable:  address MAY BE A POST OFFIC  address May Be address	or registered office address on our record	
7	New Registered Office Address:	Enter Florida su	vet address
			Florida
		City	Zip Code
New Regis	stered Agent's Signature, if changi	ng Registered Agent:	
provision accept the being file	s of all statutes relative to the p. e obligations of my position as r	tered agent and agree to act in this capa roper and complete performance of my c registered agent as provided for in Chap the registered office address, I hereby co his change.	luties, and I am familiar with and ter 605. F.S. Or. if this document is
			-

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	MONABEN B MAISURINA .	11921 N DALE MABRY HYW	
		BLDG 9 SUITE 406 TAMPA FL 33613	
			■Change
	•		Remove
		**************************************	
			Rdd PH
			□ Remove
			□Change
<del></del>			
			□ Change
<del></del>			□Add
			Remove
			□ Change

Part July 21st 2023  Signature of a member Rajesh Rama 2023	<del></del>				<del></del>
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Rajesh Rama · · · · · · · · ·	•	Palade	CANA SI		297
		Signature of	of a member of authorized representative of a member		
	*	*****			2
· · · · · · · · · · · · · · · · · · ·	Rajesh Rai		Typed or printed name of signee	· · ·	

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