

L23000359460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

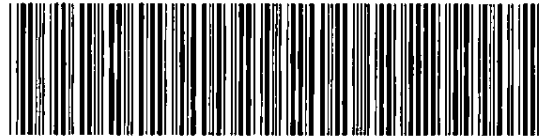
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2023

MUKESH MAHANWAR CPA
63 JEFFERSON AVE
WESTWOOD, FL 07675

SUBJECT: PRAMUKH 77 LLC
Ref. Number: L23000359460

We have received your document for PRAMUKH 77 LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 323A00023517

10/11/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRAMUKH IT 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:

MUKESH MAHANTWAR CPA
Name of Person

PROTAXTEAM LLC
Firm/Company

63 JEFFERSON AVE
Address

WESTWOOD NJ 07675
City/State and Zip Code

Mukem@PROTAXTEAM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mukesh Mahantwar at (201) 920-0532
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

2011-2-11-15

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRAMUKH 77 LLC

(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 07/31/2023 and assigned Florida document number L23000359460.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~1022 6th~~

5935 STATE RTE 100

PALM COAST FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1051 CASCADE CIR, Apt 103

ROCKLEDGE, FL 32955

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:

5935 STATE RTE 100

Enter Florida street address

PALM COAST

City

Florida

32164

Zip Code

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.

J. Fortui

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JIMIKUMAR PATEL	335 MCCLELLAND ST SALEM VA 24153	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓ <input type="checkbox"/> Change
MGR	TRUSHNA PATEL	335 MCCLELLAND ST SALEM VA 24153	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓ <input type="checkbox"/> Change
MGR	KIRTI MEHTA	943 ACADEMY ST SALEM VA 24153	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓ <input type="checkbox"/> Change
	DHRUV PATEL		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DHRUV PATEL	1051 CASCADE CIR APT 103 Rockledge FL 32955	<input checked="" type="checkbox"/> Add ✓ <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 11/8/2023 .

J. Patel

Signature of a member or authorized representative of a member

Titelzeichen Paß

Typed or printed name of signee

Filing Fee: \$25.00