

L23000334460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

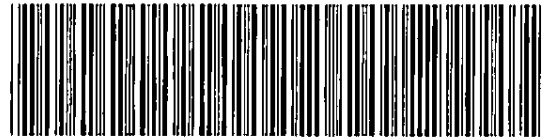
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/23--01034--017 **25.00

12/27/23 10:10 AM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRAMUKH 77 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

Name of Person

Protaxteam LLC

Firm/Company

Address

63 Jefferson Ave

City/State and Zip Code

Westwood NJ 07675

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mukesh Mahantwar 201 263-0083

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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)

1051 CASCADE CIRCLE

APT 103

ROCKLEDGE, FL 32955

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1051 CASCADE CIRCLE

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:

DHRUV PATEL

New Registered Office Address:

1051 CASCADE CIRCLE apt 103

Enter Florida street address

ROCKLEDGE

City

Florida

32955

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.


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>
AMBR	DHRUV PATEL	1051 CASCADE CIRCLE, APT 103	<input checked="" type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIMIKUMAR, PATEL	JIMIKUMAR, PATEL	<input type="checkbox"/> Add
		SALEM, VA 24153	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRUSHNA, PATEL	335 MCCLELLAND ST	<input type="checkbox"/> Add
		SALEM, VA 24153	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIRTI, MEHTA	943 ACADEMY ST	<input type="checkbox"/> Add
		SALEM, VA 24153	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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

11/15/23

T. P. Paul
of a member or authorized representative

Signature of a member or authorized representative of a member

Дителрегкитан Рател

Typed or printed name of signee