

L23000368784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

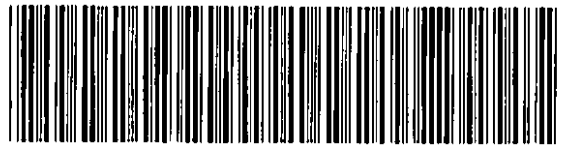
(Business Entity Name)

(Document Number)

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09/18/23--01026--003 ++25.00

2023 SEP 18 PM 3:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GANAPATI REALTY 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:

RAKESH JINDAL

Name of Person

GANAPATI REALTY LLC

Firm/Company

592 KNAPP PL

Address

OVIEDO, FL. 32765

City/State and Zip Code

JINDALRK@YAHOO.COM

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

For further information concerning this matter, please call:

RAKESH JINDAL

689 249-8609
at ()

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANAPATI REALTY 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 08/07/2023 and assigned
Florida document number 123000368784.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RAKESH JINDAL LLC

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)

Enter new mailing address, if applicable:

(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

Florida

City

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

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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	RAKESH JINDAL	592 KNAPP PL	<input type="checkbox"/> Add
		OVIDO, FL, 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAKESH JINDAL	592 KNAPP PL	<input checked="" type="checkbox"/> Add
		OVIDO, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FLORIDA STATE DISBURSEMENT UNIT



9/6/2023

DIVISION OF CORP
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Remitter:

Re: Return payment enclosed, Check # 0578 \$ 25.00
Work Item Date: 9/6/2023 Work Item Seq: 4059

Your child support payment is being returned for the following reason(s):

- ☐ The date on the payment instrument is postdated beyond the acceptable date range.
- ☐ The payment instrument is not made payable to the Florida State Disbursement Unit. **Do not alter and resubmit the same check or money order.**
- ☐ The written dollar amount is missing from your payment instrument.
- ☐ The payment instrument is not presented in US funds. Please submit a new check payable in US funds.
- ☐ The payment instrument is not signed. Please sign the payment instrument and resubmit.
- ☐ The payment instrument has been changed.
- ☐ The payment instrument was damaged when received and could not be processed.
- ☐ We can no longer accept personal checks on your account. Our records indicate your account has an insufficient funds/ stop payment history on previously submitted payments. Please resubmit your payment by money order, cashier's check, or certified check payable to the Florida State Disbursement Unit. Mail your payment to the Florida State Disbursement Unit. Payments may also be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com.
- ☒ The post office delivered this payment in error, therefore it is being returned to you.
- ☐ There are no posting instructions included with your payment. Please resubmit your payment along with the case information for which it is intended.
- ☐ Administrative cost.
- ☐ The payment that was submitted is payable only to the Clerk of Court. Please contact your Clerk of Court for receipting instructions.
- ☒ Other: 42

The child support account has not been credited for this returned payment. Payments may be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com or mailed to:

Florida State Disbursement Unit
P.O. Box 8500
Tallahassee, Florida 32314

Thank you,

Florida State Disbursement Unit
420008274