

L23000100752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALABAMA, FL

CLINT
08/21/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YASHODA INVESTMENTS 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:

Gowkarran Mangar

Name of Person

YASHODA INVESTMENTS LLC

Firm/Company

909 Boxelder Ave

Address

Minneola, FL 34715

City/State and Zip Code

gmangar68@gmail.com

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

For further information concerning this matter, please call:

Nandinie Megnauth

407

431-1584

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

CLERK OF STATE
TALLAHASSEE, FL

2008 JUN 21 PM 4:55

RECEIVED

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

YASHODA INVESTMENTS 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 August 25, 2023 and assigned
Florida document number L23000400752.

This amendment is submitted to amend the following:

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

Sapphires Investments, L.L.C

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)

909 Boxelder Ave

Minneola, FL 34715

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

909 Boxelder Ave

Minneola, FL 34715

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:

909 Boxelder Ave

Enter Florida street address

Minneola

City

Florida 34715

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>
MGR	Nandinie Megnauth	909 Boxelder Ave	<input checked="" type="checkbox"/> Add
		Minneola, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Yashoda Mangar	909 Boxelder Ave	<input type="checkbox"/> Add
		Minneola, FL 34715	<input type="checkbox"/> Remove
		Change to Authorized Member	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TOLL ASSISTEE, FL
350 D

2000 JAN 21 PM 4:55
CLARK COUNTY OF STATE
TALLAHASSEE, FL

(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)

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee