## L23000472364

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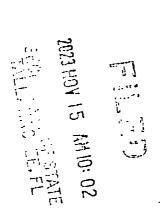
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## **COVER LETTER**

Registration Section Division of Corporations

VASTU CAPITAL PARTNERS LLC

BJECT:	Name of Limi	ted Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	DILIP V J	AMBHEKAR	
		Name of Person	
		Firm/Company	
		8260 NW 49TH MNR	
		Address	
	(	Coral springs FL 33067	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please ea	ult:	
ILIP V JAMBHEKAR		954 6389449 at ()	202
Name o	f Person	Area Code Daytim	e Telephone Number 100 15
nelosed is a check for the	he following amount:		
ਜ਼ੋ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

VASTU CAPITAL PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 10/13/2023 and assigned orida document number L23000472364 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: ₫giling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability exapany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

emending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
GR	VASTU MANAGEMENT LLC	1011 NORTH FEDERAL HIGHWAY	□ Add
		HOLLYWOOD FL 33020	■Remove
			☐ Change
GR	SHEKAR REDDY	1230! SW 1ST ST	Add
		PLANTATION FL 33325 US	□ Remove
			Change
			□ Add
;			🗆 Remove
4			□Change
			Add
			Change S A F L Radd
			Remove
			Change
			🗀 Add
			□Remove

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