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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : PARASEC Account Number : I2018000086 Phone : (916)576-7000 Fax Number : (800)603-5868	FILED 2024 MAR - 7 AM 9: 16 SECULATIASSEE. FL
	Enter the email address for this business end annual report mailings. Enter only one e Email Address: RLOPS@PARASEC.COM LLC AMND/RESTATE/CORRECT 18001 RICHMOND PLA	OR M/MG RESIGN
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18001 RICHMOND PLAC	E LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appea</u> ability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company v Florida document numberL23000556283	vere filed on	12/18/2023	a	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	<u>ity company h</u>	<u>ere</u> :	SEC	2024 H	(14(77)
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation "LLC" or		ain 21.1	
Enter new principal offices address, if applicable:			AHN	۱ ــــ	() 151.44.
(Principal office address MUST BE A STREET ADDRESS)			S'S	<u>-</u>	<u> </u>
			<u></u>	<u>و</u>	
			r= <u>-</u>	<u>ه</u>	
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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	laress
	City	. Florida Zıp 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	POONAM SHARMA	15310 Amberly Drive, Suite 250	🖸 Add
		Tampa FL 33647	XRemove
			🗋 Change
AMBR	PRAMOD RAGHAV	15310 Amberly Drive, Suite 250	[XAdd
		<u>Tampa FL 33647</u>	[]Remove
			🗆 Change
			[] Add
		,,,,,,,	🗆 Remove
		<u></u>	Change
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			[]Remove
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	·····		🗆 Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filing:	(optional)

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	March 6		2024	
		$\gamma \sim$		
		Signature of a member or authorized representative of a member		
		PRAMOD	ZAGHAV	
			Typed or printed name of signee	