

L24000011609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

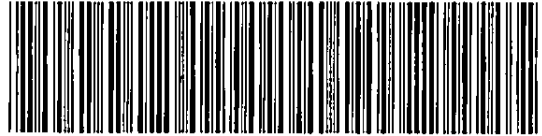
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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLOUD 9 SOCIAL CLUB 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:

GEETA VADNERKER

Name of Person

Firm/Company

26455 OLD 41 RD UNIT 15

Address

BONITA SPRINGS FL 34135

City/State and Zip Code

VISAYPATEL - LIC @ YAHOO. IN

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

For further information concerning this matter, please call:

GEETA VADNERKAR

Name of Person

at (773)

Area Code

405 9449

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL

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

CLOUD 9 SOCIAL CLUB, 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 01-04-2024 and assigned  
Florida document number L24000011609.

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:**

26455 OLD 41 ROAD UNIT 15

**(Principal office address MUST BE A STREET ADDRESS)**

BONITA SPRINGS FLORIDA 34135

**Enter new mailing address, if applicable:**

26455 OLD 41 ROAD UNIT 15

**(Mailing address MAY BE A POST OFFICE BOX)**

BONITA SPRINGS, FLORIDA 34135

**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:

GEETA DHARMENDRA VADNERKAR

New Registered Office Address:

26455 OLD 41 ROAD UNIT 15

*Enter Florida street address*

BONITA SPRINGS

Florida

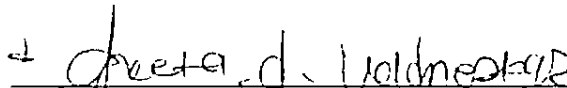
34135

*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	SHADI HAMZEI	3369 DR MARTIN LUTHER KING JR. BLVD	<input type="checkbox"/> Add
		FORT MYERS, FLORIDA 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GEETA D. VADNERKAR	26455 OLD 41 ROAD UNIT 15	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS FLORIDA 34135	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE

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TALLAHASSEE, FL  
6500  
(3)

**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.027 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-13-2024

x Greer d. Waldnecker  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

GEETA UADMERKAR MANABOR  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**