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SUBIRC		H TRAVELS LLC			
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Compan	y	_
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		SANJAYKUMAR PATEI	ı.		
			Name of Perso		
		PRAMUKH TRAVELS I.	.I.C		
			Firm/Company	;	
		2841 GRANDBURY GRO	OVE RD		
			Address		
		LAKELAND, FL 33811			
			City/State and Zip	Code	
		pramukhtravelsllc@gmail.c			
		E-mail address: (to be used for future a	nual report notif	ication)
For furthe	r information c	concerning this matter, please c	all:		
SANJAYKUMAR PATEL		267 at (9458854		
	Name o	f Person	Area Code	Daytime	: Telephone Number
Enclosed	is a check for th	he following amount:			
	0 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing	Lan B	☐ \$60.00 Filing Fee,
æ \$25.0	o i ning i cc	Certificate of Status	Certified Cop (additional copy	у	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Stre	et Address:	
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	Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee	
1	.O. DOX 032	• •	1 116	Centre of 1	alialiassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAMUKH TRAVELS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/09/2024	and assigned
Florida document number L24000021514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		24
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	·-·	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· ·	
	Enter Florida street address	
	, Flor	
	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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	SANJAYKUMAR PATEL	2841 GRANDBURY GROVE RD	
		LAKELAND, FL 33811	■Remove
AMBR	KIRTAN S PATEL	2841 GRANDBURY GROVE RD	= Add
		LAKELAND, FL 33811	□ Кепкууе
			□Change
MGR	SANJAYKUMAR J PATEL	2058 MAPLE AVE, APT DI-8	≅ ∧dd
		HATFIELD, PA 19440	□Remove
			□Change
<u>.</u>			□Add
			Петоve
			Change
			□Add
		<u> </u>	□Remove
			□Change
			DAdd
			□Remove
			Change

	enter change(s) here: (Attach additional sheets, if necessary.)
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If an effective date is listed, the date must be sp. Note: If the date inserted in this block do document's effective date on the Departm	of filing:
e record specifies a delayed effective date rd is filed.	s, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Sep 10th	2024
	soliter.
Signat	ture of a member or authorized representative of a member

Filing Fee: \$25.00