L24000084527

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Serance sopies
Special Instructions to Filing Officer:

Office Use Only



200440979372

12/12/24--01016--004 **30.00

2024 DEC 12 AM 9:47 SEATTAIT KHAZZEE STATE

16

COVER LETTER

TO:

Registration Section

Division of Con	porations		
Vira Ventur SUBJECT:	es LEC, (Indian Bread and C	O - Name HS)	
	Name of Lit	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Aasavari Udhalikar		
		Name of Person	77-1
	Vira Ventures		
		Firm/Company	
	7035 Philips Highway Un	it#4	
		Address	
	Jacksonville		
	aasavari@ibeo.store	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ilication)
For further information con	ncerning this matter, please c	·	
Aasavari Udhalikar		630 2769955	
Name of 1	Person	at ()Area Code Daytim	ne Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25 (0) 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 Se Division of Co.	ection	Street Address: Registration Se	
P.O. Box 6327	Polations	Division of Cor The Centre of T	•
Tallahassee, FI	. 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ViRa Ventures LLC

FILED

(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Luability Company)	2020 BECK 12 AM 9: 47
The Articles of Organization for this Limited L Florida document number 1.2400084527	iability Company	were filed on 02/16/	TALLAHASSEE, FL
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Laabii	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	T ADDRESS)	7035 Philips Highw	ay Unit#4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	7035 Philips Highwa	ay Unit#4
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	Aasavari Udhal	ikar	
New Registered Office Address:	7035 Philips Hi	ghway Unit#4	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address		
	Jacksonville		, Florida <u>32216</u>
	 -	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		

N

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>	Address	Type of Action
AMBR	Aasavari Udhalikar	7035 Philips Highway Unit#4, Jacksonville, FL/32216	= Add
			□Remove
]Change
AMBR	Samiksha Suryavanshi	7035 Philips Highway Unit#4, Jacksonsille, FL-32216	= Add
			□Remove
			□Change
AMBR	Suryakant Suryayanshi	382 NE 191ST ST #209103MIAMI, FL 33179	JAdd
			■Remove
			□Change
AMBR	Sunil Joshi	7030 ASHFORD MANOR WAYCUMMING, GA 30040	□Add
			≡ Remove
			□Change
	 		□Add
			□Remove
			TChange
			□Add
			□Remove
			□Change

_	
_	
-	
-	
_	
-	
-	
_	
-	
_	
_	
-	
_	
-	
_	
ecti	ve date, if other than the date of filing:(optional)
reffe le:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ume	ent's effective date on the Department of State's records.
cord	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
s filo	'CI
ادر	12 07:2024
ed_	N. Ru
	Magi.
	Signature of a member or authorized representative of a member
	A-ASAVARI UDHALIKA-R Typed or printed name of signee

Filing Fee: \$25.00