## L24000129870

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## **COVER LETTER**

TO: Registration S Division of Co		*	ı
	RIDA HOLDINGS, LLC		
SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	re submitted for filing.  matter to the following:  Name of Person  PLLC  Firm/Company  RE BOULEVARD. SUITE 202  Address  ORIDA 33414  City/State and Zip Code  GROUP.COM  dress: (to be used for future annual report notification)  case call:	
Please return all corresp	ondence concerning this matter	to the following:	
	SCOTT J. LEE		
		Name of Person	<del></del>
	SJW LAW GROUP, PLLC	:	
		Firm/Company	1. F (20) 1
	12300 SOUTH SHORE BO	OULEVARD, SUITE 202	
		Address	
	WELLINGTON, FLORID	A 33414	
			<del></del>
	SCOTT@SJWLAWGROU		ertion)
For further information	concerning this matter, please or		alion)
SCOTT J. LEE			
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration		Street Address: Registration Sect	ion

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

PVA FLORIDA HOLDINGS, 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  $\frac{03/15/2024}{1}$ \_\_\_\_\_ and assigned Florida document number \_\_L24000129870 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: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_\_\_\_\_ Zip Code 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	BANATI, PARVATI		□Add
			□Remove
			■Change
AMBR	NARAYANASWAMY, PARVAT		■Add
			□ Rсточе
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	•		□Change
	-		□Add
		<u> </u>	□Remove
			□Change
7-19			\ \ \ \ \_Add
			Remove
			□ Change

	hanging the AMI	3K name from	Banati, Parv	au to Narayar	naswamy, Parv	ati		
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reffective date is te: If the date i	other than the listed, the date must nserted in this blo ve date on the De	be specific and ock does not m	cannot be prior seet the applic	able statutory			ing.) Pursuant to	
	delayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	ifter the
s med.			2024					
April 11		<del>/_/</del>		<u> </u>				
is filed.  April 11  ted		uu	-Leo	<u> </u>				
April 11		Signature of a m	-Leo	orized represen	ntative of a mem	ber		

Filing Fee: \$25.00