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## **COVER LETTER**

t is

TO:	Registration Se Division of Cor					
e116 te/	SHREEKU	NJ LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		HITESH V MATALIA				
			Name of Person			
		SHREEKUNJ LLC				
			Firm/Company	<del></del>		
		2539 N MILITARY TRL				
			Address	<del> </del>		
		WEST PALM BEACH, FL. 33409				
		City/State and Zip Code				
		hiteshmatalia@gmail.com				
			to be used for future annual report no	otification)		
For furt	her information c	oncerning this matter, please c	all:			
HITESI	H V MATALIA		561 3526780			
	Name o	l'Person		ime Telephone Number		
Enclose	ed is a check for th	he following amount:				
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi ing Fee, Certificate of Status & Certifical Topy (additional copy is enclosed)		
✓	Mailing Addres		Street Address: Registration S	Section		
Registration Section Division of Corporations		Division of C				
	P.O. Box 632		The Centre of			
	Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHREEKUNJ LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/04/2024	and assigned
lorida document number L24000161293		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		DEC T
Principal office address MUST BE A STREET ADDR	ESS)	- <del>1</del>
		P9 3 0
		5:
Enter new mailing address, if applicable:		25
Mailing address MAY BE A POST OFFICE BOX)		
R. If amending the registered agent and/or registered	offer address on the second	ah a a a a a a a a a a a a a a a a a a
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new regis
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	.z
	, Flo	orida
<del></del> -	Cin:	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MATALIA HITESH V	2631DANFORTH TERRACE	□Add
		WELLINGTON, FL. 33414	□Remove
			<b>■</b> Change
AMBR	PATEL SUNNY H	4117 MEANDER PLACE	□Add
		ROCKLEDGE, FL.32955	□Remove
		<del></del>	<b>≡</b> Change
AMBR	BODAR HARI	9117 PINEVILLE DR	<b>≡</b> Add
		LAKE WORTH, FL. 33467	□Remove
AMBR	GANDHI ANILKUMAR V	5335 YELLOW WATER LILY CT.	
		LAKE WORTH, FL. 33467	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

ii amenui	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
Note: If the	late, if other than the date of filing:
ne record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11 21 2024 MA 1 10 P
	Signature of a member or authorized representative of a member
	Hitesh Matalia
	Typed or printed name of signee

Filing Fee: \$25.00