

L24 000 161 293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

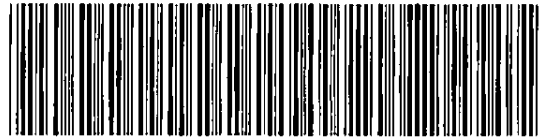
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHREEKUNJ 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:

HITESH V MATALIA

\_\_\_\_\_  
Name of Person

SHREEKUNJ LLC

\_\_\_\_\_  
Firm/Company

2539 N MILITARY TRL

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33409

\_\_\_\_\_  
City/State and Zip Code

hiteshmatalia@gmail.com

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

For further information concerning this matter, please call:

HITESH V MATALIA

561

3526780

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MATALIA HITESH V	2631DANFORTH TERRACE	<input type="checkbox"/> Add
		WELLINGTON, FL. 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PATEL SUNNY H	4117 MEANDER PLACE	<input type="checkbox"/> Add
		ROCKLEDGE, FL.32955	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BODAR HARI	9117 PINEVILLE DR	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL. 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GANDHI ANILKUMAR V	5335 YELLOW WATER LILY CT.	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL. 33467	<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

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

[illegible]

**E. 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 605.0207 (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 11/22/2024

+ Nadezhda V. Melnikova

Signature of a member or authorized representative of a member

Hitesh Matalia

Typed or printed name of signee

**Filing Fee: \$25.00**