

L24000163243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

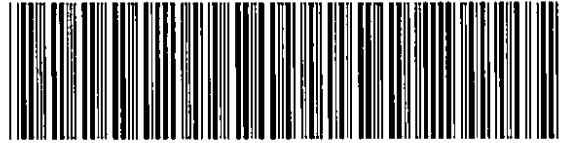
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAULERSON ROAD GROVE 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:

Vikram Chavan

Name of Person

VATC REALITY LLC

Firm/Company

14117 INDIGO RIDGE LANE

Address

Lithia Florida 33547

City/State and Zip Code

vikramsnest@gmail.com

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

For further information concerning this matter, please call:

Vikram Chavan

813

7200423

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAULERSON ROAD GROVE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLA.
and assigned IDA

The Articles of Organization for this Limited Liability Company were filed on 04/05/2024

Florida document number L24000163243

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

_____, Florida _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BVG REAL ESTATE INVESTMENT <i>NT LLC</i>	2517 PEEKSKILL RD	<input type="checkbox"/> Add
		Valrico FL 33594	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUPRIYA, RANA	2 TEABERRY DR	<input type="checkbox"/> Add
		EDISON, NJ 08820	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aapli Maati LLC	2 TEABERRY DR	<input checked="" type="checkbox"/> Add
		EDISON, NJ 08820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FL Farm Investment LLC	14117 INDIGO RIDGE LANE	<input checked="" type="checkbox"/> Add
		LITHIA FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Asha Farms LLC	4165 MARBLEWOOD LN	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pravin Bhajipale	10118 KINGSHYRE WAY	<input checked="" type="checkbox"/> Add
	<i>Tampa,</i>	FLORIDA 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated OCTOBER 16, 2024

Typed or printed name of signee

Filing Fee: \$25.00