L24000358912



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

Office Use Only



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10/02/24--01013--016 **25.00



COVER LETTER

TO: Registration Se Division of Con			
RVPV TEC	CH SOLUTIONS LLC		
SUBJECT:	CH SOLUTIONS LLC Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dodda Padmaja		
		Name of Person	
	RVPV TECH SOLUTION	IS LLC	
		Firm/Company	
	3513 Truro St		
		Address	
	Celina, TX, 75009		
		City/State and Zip Code	
	dodda.padmaja@gmail.com		
		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all;	
Dodda Padmaja		954-864-34	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cortificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida Zip Code
	Enter Florida stre	
New Registered Office Address:		
Name of New Registered Agent:		
Level and or the new registered other address fitte.		
If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records	, enter the name of the new regis
		F
		. (
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
nter new mailing address, if applicable:		~ ~
-		: :
Principal office address MUST BE A STREET ADDRI	ESS)	11. E
nter new principal offices address, if applicable:		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
. If amending name, enter the new name of the limit	ted liability company here:	
his amendment is submitted to amend the following:		
lorida document number L24000358912		
he Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
	a 08-13-20	24
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
RVPV TECH SOLUTIONS LLC (Name of the Limited Liability (A Florida)	y Company as it now appears on ou	r records.)

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	RAGHU TUMBHALAM	3513 TRURO ST, CELINA, TX 75009	□Add
			■Remove V
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
		 	□Remove
		 ,	□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			∏Change.

	2. Additionally, Please update the street and mailing adress for the LLC to new Address
•	Old Address: 2609 War Admiral St, Celina, TX 75009
-	New Address: 3513 Truro St, Celina, TX 75009
-	Thank you for your assistance.
-	
•	
-	
•	
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-	
-	
-	
-	
if an efi <u>Note:</u>	tive date, if other than the date of filing: [Coptional] [Sective 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 a ment's effective date on the Department of State's records.
e recor rd is fi	rd 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 ided.
10 15 11	9/25 2024 D. Packwaya Signature of a member or authorized representative of a member
	- 1/03/000

Filing Fee: \$25.00