## L24000397635

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## **COVER LETTER**

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SUBJEC	T:		ited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		PARTHKUMAR R. PATI	EL	
			Name of Person	
		PINTU LLC		
			Firm/Company	<del></del>
		2005 CENTRAL AVE N		
			Address	
		TIFTON, GA 31794		
			City/State and Zip Code	
		parth101593@gmail.com  E-mail address: (	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	·	,
PARTH	CUMAR R. PA		229 646-0922 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$</b> 25.0	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 Addres		Street Address:	
	Registration S		Registration Se	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202405 18 Fit 41 33

PINTU 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 09/11/2024 and assigned Florida document number L24000397635 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 \_\_

## 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 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	CHIRAG H. PATEL	702 VILLAGE DR	<b>≣</b> Add
		AVENEL, NJ 07001-1075	□ Remove
			□ Change
			□ Add
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			□Change
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			Change
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			□ Changa

Effective date, if other than the date of filing:  (an effective date, if other than the date of filing:  (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 605.0  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of Slate's records.  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 date of the filed.  Dated Orleans 15 . 2024 .  Signature of a member or authorized representative of a member	
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ParthKumar R. Putel Typed or printed name of signee	

Filing Fee: \$25.00