

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L240000400984**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRANAPRINT LLC**

Certificate of Status	0
Certified Copy	0
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2025 JAN 14 PM 4:41

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2025 JAN 14 PM 9:27

FILED

To:

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2025-01-15 11:12:52 UTC+14 18506176383

From: ZenBusiness User

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

Pranaprint 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 09/13/2024 and assigned  
Florida document number L24000400984.

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)

121 South Main Street

Auburndale, FL 33823

US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 South Main Street

Auburndale, FL 33823

US

**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*

*City*

*Florida*

*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

To:

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2025-01-15 11:12:52 UTC+14

18506176383

From: ZenBusiness User

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	Tejaskumar Patel	121 South Main Street	<input type="checkbox"/> Add
		Auburndale, FL 33823	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
AMBR	Mitesh Patel	121 South Main Street	<input type="checkbox"/> Add
		Auburndale, FL 33823	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**Filing Fee: \$25.00**