L24000404319

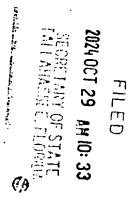
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (. (datess) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , , , , , , , , , , , , , , , , , , , |
| Certified Copies Certificates of Status |
| Certified Copies Certificates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

Office Use Only



200438742942

10/29/24--01022--029 **80.00



COVER LETTER

| SUBJECT: | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. Parag Shah Name of Person ARHERAG ILC. Firm/Company 19460 Stonehow k St. Address Lieston, FL-33332 City/State and Zip Code alki lashashah (a amail. wm E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Name of Person Name of Person Daytime Telephone Number | | |
|-------------------------------|--|-------------------------------------|---|
| 30mmer | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Parag | Shah Name of Person | |
| | <u>ABHI</u> | RAG 11C. Firm/Company | Son 11.C. ny 2h my k st, 33332 Code Shah (a amail. com annual report notification) Daytime Telephone Number g Fee & Opy certificate of Status & Certified Copy (additional copy is enclosed) |
| | 19460 | Stonehnok Address | st, |
| | Division of Corporations SHECT: ABHIRAC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Parag Shah Name of Person ABHIRAG 11.C. Firm/Company 19460 Shah Bhah St. Address Lizeston, FL - 33332 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code All las has has has a continuous report notification) Further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number Dosed is a check for the following amount: Area Code Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | | |
| | | | |
| For further information c | oncerning this matter, please ca | all: | |
| Name o | f Person | at () | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ☑ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres Registration S | | Street Address: Registration Sec | etion |

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

| _ ABHIRAG. LLC | |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2400040431</u> 9 | were filed on <u>September 16</u> and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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 a agent and/or the new registered office address here: | ddress on our records, enterstee name of the new registere |
| 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 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 | Abhilusha Shah | 19460 Stonebrook St. Weston FL-33332 | Ð∕Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | | _ |
|-----------------------|--|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| _ | | _ |
| | | _ |
| - | | _ |
| _ | | |
| _ | | |
| _ | | _ |
| | | _ |
| | | _ |
| | | |
| | | _ |
| _ | | |
| <u>lote:</u> If | date, if other than the date of filing: | 05.0207 (isted as t |
| record : Lis filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at | iter the |
| ated | Ortober 25th 2024. | |
| | _ | |
| | Signature of a member or authorized representative of a member | |