

L25000092440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

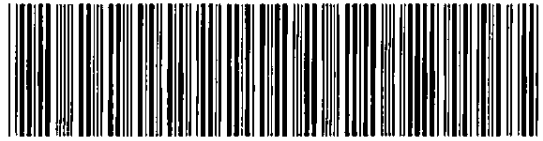
(Document Number)

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Certificates of Status _____

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03/20/25--01016--002 **25.00

FILED
2025 MAR 20 PM 3:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PKAN 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:

TIRUMALAI K VENKATARAMAN

Name of Person

PKAN LLC

Firm/Company

1254 CRANE TALON WAY

Address

SANFORD, FL 32771

City/State and Zip Code

vtkanna@gmail.com

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

For further information concerning this matter, please call:

TIRUMALAI K VENKATARAMAN 407 476 1576

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 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 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**

FILED

PKAN LLC

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

2025 MAR 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/23/2025

and assigned

Florida document number L25000092440

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:

1254 CRANE TALON WAY

(Principal office address MUST BE A STREET ADDRESS)

SANFORD, FL 32771

Enter new mailing address, if applicable:

1254 CRANE TALON WAY

(Mailing address MAY BE A POST OFFICE BOX)

SANFORD, FL 32771

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:

1254 CRANE TALON WAY

Enter Florida street address

SANFORD

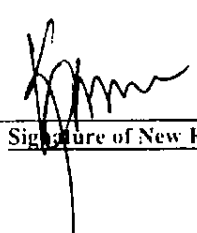
City

Florida 32771

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

Title	Name	Address	Type of Action
AMBR	VENKATARAMAN, TIRUMALA	1254 CRANE TALON WAY	☐ Add
		SANFORD, FL 32771	☐ Remove
			☒ Change
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2025 MAR 20 PM 3:28
TALLAHASSEE, FLORIDA

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2025 MAR 20 PM 3:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If 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 605.0207 (3)(b)

If 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 record is filed.

Dated 3/14/2025, _____

Signature of a member or authorized representative of a member

TIRUMALAI K VEKATARAMAN

Typed or printed name of signee

Filing Fee: \$25.00