

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L2500004109****Note:** Please print this page and use it as a cover sheet. Type the fax and phone number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***Email Address: AIMET@EXPRESSTAXSVCS.COM**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NILACHOLE REALTY LLC**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

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K. SALY

FEB - 6 2025

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2025 FEB - 5 PM 5:12

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NILACHOLE REALTY 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:

RATAN L MAJUMDER

\_\_\_\_\_  
Name of Person

NILACHOLE REALTY LLC

\_\_\_\_\_  
Firm/Company

2581 SUN ACRES BOULEVARD

\_\_\_\_\_  
Address

AUBURNDAL, FL 33823

\_\_\_\_\_  
City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

RATAN L MAJUMDER

786 853-8833  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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**

NILACHOLE REALTY LLC

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

**FILED**  
2025 FEB -5 PM 5:12  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2025 and assigned  
Florida document number 1.25000044109.

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: \_\_\_\_\_

10424 SW 54TH STREET

*Enter Florida street address*

COOPER CITY

*City*

Florida 33328

*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.*

Ratan L. Majumder

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RATAN L. MAJUMDER	10424 SW 54TH STREET	<input type="checkbox"/> Add
		COOPER CITY, FL 33328	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SUBARNA R. CHOWDHURY	10424 SW 54TH STREET	<input type="checkbox"/> Add
		COOPER CITY, FL 33328	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
JANUARY 2025

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**FILED**

9/26/88-5 PM 5:12

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SEP 27 1988

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 05, 2025

Ratan L. Majumder.

Signature of a member or authorized representative of a member

RATAN L. MAJUMDER

Typed or printed name of signee

**Filing Fee: \$25.00**