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Certified Copies	_ Certificates	s of Status
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2018 JUN 22 AM 8: 01

J. HARRIS

	COVER LETTER	Att-In: Justin Strivers
TO: Registration Section Division of Corporations	RM	
SUBJECT: Biashar	a FAL C	<del></del>
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	Reckesh Na	thwan.
	Bitshara LL Firm/Company	
9	UL, Arista	BLvd
	City/State and Zip Code  a Kesh obber Codderss: (to be used for future annual report	594
E-mail a	akesh where	Dy-ahoo. com
For further information concerning this matter, p	please call:	
Rakesh Nath	Area Code Day	2-2652 nime Telephone Number
Enclosed is a check for the following amount:		
= \$25.00 Filing Fee	tatus Certified Copy (additional copy is enclosed)	S60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)  Thur Chief \$35
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	ng with the coirce STREET/COL Registration So Division of Cor Clifton Buildin 2661 Executive	Literm. Call my cell 813-  JRIER ADDRESS:  Ction  Portations  Bare any  Contex Circles
	Tallahassec, FL	32301 questions.

## ARTICLES OF AMENDMENT

### $\Omega$ T

# ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on o bility Company)	ur records.)			
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	725/18	an	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
Biashara Florida Ll					<del></del>
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the a	bbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDRESS)					
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Enter new mailing address, if applicable:			C 3 C	<u>~2</u>	
(Mailing address MAY BE A POST OFFICE BOX)					ي ريسور
	<del> </del>			ija:	11.
			un .	င္	A.m. 4
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		records, enter	the n	ange o	f the new
Name of New Registered Agent:	NA				
New Registered Office Address:	Enter Florida st	reet address			<del></del>
		Florida			
	City	, 1 101104	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

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>	Name NA	Address	Type of Action
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F Effective	date, if other than the date of filing:(optio	onal)
Of an effective	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this	filing ) Pursuant to 605.0207
document	's effective date on the Department of State's records.	
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a Oth day after the record is filed.	.m. on the earlier of
Dated	June 22nd 2 . 2018.	
	RACHUEN	2018
	Signature of a member or authorized representative of a member	
	DI. I NI LI	2
	Typed or printed name of signee	<u> </u>
		- 7

Filing Fee: \$25.00