B2400000199

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
	Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

Submission date as file date. SUBJECT: ATYANT CAPITAL INDIA FUND-I LP

Ref. Number: B2400000199

We have received your document for ATYANT CAPITAL INDIA FUND-I LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

currens A general partner must sign the document.

One of the currect general partners needs to sign the document as well as the new one.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 124A00024590

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

rnone. 650)-330-1300					
		ACCOUNT NO.	:	12000000	195	
		REFERENCE	:	752130	7968091	
	AU	THORIZATION	:		17	
		COST LIMIT	:	\$ 52.50	- Garage	
ORDER DATE	: Novem	ber 5, 2024			Jan.	re-und
ORDER TIME	2:44	PM				
ORDER NO.	: 75213	0-002				
CUSTOMER 1	NO: 79	68091				
1AN	1E: AT	DOMESTIC AM	• ••			
EFFI	ECTIVE DAT	E:				
	ICLES OF A	MENDMENT CLES OF INCO	RPO	RATION		
PLEASE RET	CURN THE F	OLLOWING AS	PRO	OF OF FILI	NG:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER'S INITIALS:

CONTACT PERSON: Shauna Godbolt -- EXT#

FILED

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2024 NOV -6 AM 9: 04

ATYANT CAPITAL INDIA FUND-I LP	an anasott lette
Insert name currently on fi	le with Florida Department of State
	cate was filed with the Florida Department of State on rida document number B24000000199
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linere:	imited partnership or limited liability limited partnership
New name must be distinguish	able and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I B. If amending mailing address and/or princip principal office address here:	ip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP. Dal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registered new registered agent and/or the new registered office	red office address on our records, enter the name of the eaddress 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.

If Changing Registered	Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	KATHERINE SEITER	Suite 200 Coral Springs, FL 33076	Add Remove
			Add Remove
			Add Remove
			

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partners"	ctnership.	Limited Pa	Liability	"Limited	v elects to be a	p hereb	Partnership	his Limited	
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This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information	on, enter change(s	s) here: (Attach additional sheets, if necessary.)
			
Effective date, if other than the date of fi	iling:		
(Effective date cannot be prior to nor more than State.) Note: If the date inserted in this block does not not be listed as the document's effective date on the	90 days after the do	statutory fi	iling requirements, this date will not
Signature(s) of a general partner or al	l general partne	ers*:	
(*NOTE: Only one current general partner is re- removing a "limited liability limited partnership" when adding or removing a "limited liability limited"	'election statement.	. Chapter	620. F.S., requires all general partners to sig
Katherin Seiter			
	_		
	<u></u>		
Signature(s) of all new or dissociating a	— general partner	(s), if an	V:
Va hair Quita		10771-01	Δ.
*(HILL Selle	_		
	_		
	_		
Filing Fee: \$52.56 Certified Copy (optional): \$52.56 Certificate of Status (optional): \$8.75	O		