# 10000028885

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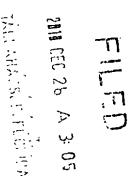


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### **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	of Corporations				
	INDUS DI	RECT LLC				
SUBJECT:		Name of Lim	ited Liability Company	<del> </del>		
		Amendment and fee(s) are sub	-			
Please return	an correspo	ondence concerning this matter	to the following:			
		KIRUDDINAN BALASU	BRAMANIAM (Certified Public	Accountant)		
			Name of Person	2011 CEC 26		
			Firm/Company			
		5850 NW 119th Dr.				
			Address	ب ب		
		Coral Springs, FL 33076		A 3.05		
		balacpa@hotmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		E-mail address: (	to be used for future annual report no	dification)		
For further in	ntormation c	oncerning this matter, please c	all;			
KIRUDDIN	AN BALAS	UBRAMANIAM	954 345-8656 at ( )			
	Name o	f Person		ne Telephone Number		
Enclosed is a	check for the	ne following amount:				
■ \$25.00 F	iling 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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Tenter Circle			

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDUS DIRECT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/20/2006 and assigned Florida document number L06000028885 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: Enter Florida street address

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	<u>Address</u>	Type of Action
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12/24/2018		·				
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	Signatur	e of a member or author	orized representative of	of a member		<u> </u>

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