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# **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJE	Anil Kuma	ar LLC		
30000	CI	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Scott Lynch, Esq.		
			Name of Person	
		Lynch Law Partners LLP		
			Firm/Company	
		333 Babbitt Rd. Suite #33.	3	
		<del></del>	Address	
		Euclid, OH 44132		
		scottlynch@lynchlawpartne	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furti	ner information o	concerning this matter, please c	all;	
Scott L			216 870-2426 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■ \$</b> 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:

· TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ANIL KUMAR 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 March 8, 2006 and assigned Florida document number 1.06000029540. 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 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.

Ciry

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>	Address	Type of Action
MGR	Savita Kumar	235 CANTERBURY DRIVE WEST	
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UPDATED ADDRESS for A	nil Kumar - MGRM:	
11837 Island Lakes Lane, Bo	za Raton, FL 33498	
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed The 90th day after the reco	effective date, but not an effecti rd is filed.	ve time, at 12:01 a.m. on the earlier o
ted October 19	2018	
Anill	mar	
- Victor	signature of a member or authorized represent	<del></del>

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Filing Fee: \$25.00