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T. LTELLEUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sumuet Chardra, UC 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:
Sumeet Chandra Name of Person
Sumeet Chardra, uc
2390 W. Eau Gallie Blvd. #202
Melbourne, FL 32935 City/State and Zin Code James Coy & US on Cology. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 254. 4776 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$\$\$\$\$ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \Bigcup \$

MAILING ADDRESS:

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

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 Florida document number 10900052 098 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 "LLC." 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, 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	LISA Duhaime	2290 W Eau GALLIE PLL	D202 D□ Add
		Melbourne, Fl 32935	Remove
			Change
AMBR	JAIME MCCOY	2290 W. EALGALIE BU	D.202 XAdd
		Mclhourne, FL 3293	•
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	Signature of a	mombo	ized representative o	Ta mambar		

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Filing Fee: \$25.00