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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	GM BALA	JI LLC		
SUDJE	.CI:	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter t	to the following:	
			MADHURI DESHMUKH	
			Name of Person	
			Firm/Company	
		12	2031 MARLDON LANE	
			Address	
		JA(CKSONVILLE FL 32258	
		MA	City/State and Zip Code DHURI.DE@GMAIL.COM	
		E-mail address: (to	o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	11:	
MADHURI DESHMUKH			904 327-9669 at ()	
	Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$2 <i>5</i>	.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:

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

	GM BALAJI LLC	
(Name of the Limited 1)	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the followi		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LI	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or		ds, enter the name of the ne
egistered agent and/or the new registered office	<u>address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		Florida
_	City , F	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

Page 1 of 3

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	Address	Type of Action
	PRESIDE	NITIN DESHMUKH	12031 MARLDON LANE	🗖 Add
			JACKSONVILLE, FL 32258	■ Remove
				Change
ρF	RESIDEND	MADHURI DESHMUKH	12031 MARLDON LN	Add
			JACKSONVILLE, FL 32258	Remove
				Change
				□ Add
		•		Remove
				Change
				_□ Add
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			. 27	_□ Remove
			2015 MA 21	_Change
			21 P	
				☐ Remove
			>	_□ Change

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		of filing:	prior to date of filing o	r more than 90 days	optional) after filing.) Purs s, this date will	suant to 605.02 not be listed
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