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nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANJEEVI FAMILY, L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SANJEEVI FAMILY, L.L.C.				
(Name of the Limi	ed Ligbility Comp (A Florida Limited	nny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L15000110203	iability Company	y were filed on 06/29/	2015 an	d assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here:		
Hanuman Bay LLC				=======================================
The new name must be distinguishable and contain the	vords "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation	B rr & C
Enter new principal offices address, if applic	able:			는 옷끝
(Principal office address MUST BE A STREE				977
i vincey, ar vyjec anni oc				2000 2000 2000 2000 2000 2000 2000 200
				F S
Enter new mailing address, if applicable:				0: <u>24</u>
(Mailing address MAY BE A POST OFFICE	ROX)			10H
(Manning address (MATT DE 17 CO.)				<i>O</i>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office ss here:	address on our recor	ds, enter the name of the	e new registered
New Registered Office Address:	3310 EHRLIC	CH ROAD		
New Registered Office Address.	Enter Florida street address			
	Tampa		, Florida 33618	
		City	Zip	Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complet Istered agent as registered offic	e performance of my provided for in Chap	duties, and I am familia Her 605, F.S. Or, if this	r with and document is
	<u>If Cb</u>	anging Registered Agent,	Signature of New Registered	Agent

□Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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None			
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ctive date, if other than the date of filing:	r to date of filing (or more than 90 days	optional) after filing.) Pursuant to
If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	cabic statutory t	ning requirements	, this date will not be
ord specifies a delayed effective date, but not an effective tifiled.	ime, at 12:01 a.	m. on the earlier o	f; (b) The 90th day
July 2 2021			
ad July 2 2021	 	ζ	
Mystacoli	norized representa	tive of a member	