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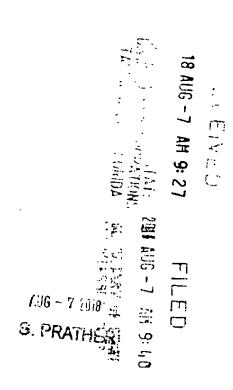
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COVER LETTER

Division of Corporations		
SUBJECT: BHARYA	LIC	
SUBJECT: 12 17 1 1	Name of Limited Liability Company	
The enclosed Articles of Amendment ar	d fee(s) are submitted for filing.	
Please return all correspondence concer	ting this matter to the following:	
M	HENDAT PATE	
	Name of Person	
	Firm/Company	4
. 20	1 7 hand GCM Address	
	Address	
100	City/State and Zip Coo	36312
	City/State and Zip Coo	de O
	E-mail address: (to be used for future annu	ral report notification)
For further information concerning this	matter, please call:	
-		209 9441
Name of Burson	narc at 29 Area Code	Daytime Telephone Number
Pane Or Cloud		,
Enclosed is a check for the following a	nount:	
-	iling Fee & S55,00 Filing Fee atte of Status Certified Copy (additional copy is	Certificate of Status &

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

13/7/10/8/1 20-0		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15660131617</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company of the liability Company of the liability Company of the liability Company of the liability Company	were filed on <u>\$ 7</u> /\$	FILED Windshift - 14 pa
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	ity Company." the designation "LLC" or the HIRABEN PR 202 LJ 5th DONALSON MIIC	5+ 5+ 125811S
Enter new mailing address, if applicable:	ps Ah	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	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.

MGR = Ma	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
		<u> </u>	□ Remove
			Change
Pons	HIRAT BEN PATEL	202 : W STh St	<u> </u>
		DONALSONUME - VA 39848	□ Remove
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Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)		ì
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date.	ng.) Pursuant to 6	505.0207 (3)(b	·)
document's effective date on the Department of State's records.	K WIII NOT CE II	isted dis me	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m b) The 90th day after the record is filed.	i. on the ear	rlier of:	
Dated 8 - 7 - 18	ÇFreen-	· 2	; ":
Signature of a member or authorized representative of a member	**************************************		
MAHENDANA RATEL	の変	-7	
Typed or printed name of signee		ED ED	
Page 3 of 3	32	± è	

Filing Fee: \$25.00