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COVER LETTER

	on Section f Corporations
SUBJECT:	Gannath Investment LLC
	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Hannah Buld Name of Person
	BUSINUSS Control Service, Inc
	3925 S. NOVA Rd
	POVA OKUNOJE, FZ 32127 City/State and Zip Code WCS@ MUSINUSS (ON-TVO) SEMICE MULT E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Hanno	arme of Person at (386) 631-7698 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
(💋 \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Horida document number <u>L.15000158796</u> .	any were filed on $\frac{C}{17}$ and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		08.4
(Principal office address MUST BE A STREET ADDRESS)		55 55
		151-
	70	250
Enter new mailing address, if applicable:		\$ C.
•		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
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 b		
Name of New Registered Agent:		
New Registered Office Address:		
AND INSERTION OF THE PROMISE.	Enter Florida street address	
	, Florida	
	City Zin 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

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
MER	Darshana Manden	al	🗆 Add
		1400 N Atlantic Ava	Remove
		Daytona Beach, FC	Jarkemove
		37118	☐ Change
			D Add
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Iffective date, if other than the date of filing:	<u></u>
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Signature of a member or authorized representative of a member	

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