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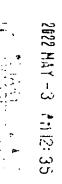
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name)	
(D.	ocument Number)	
Certified Copies	Certificates of	Status
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JUN 23 2022 M. SOLOMON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ajay Gulati			
		Name of Person		
	GGAJ I Investments, LLC	;		
		Firm/Company		
	6356 West Maclaurin Driv	ve		
		Address		
	Tampa, FL 33647			- ;•
		City/State and Zip Code		•
	ajay.gulati.11@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	1
For further information c	oncerning this matter, please c	all:		
Ajay Gulati		813 701 8370 at ()		. ` `
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632	•	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CrCrAJ 1 investments, LLC		
(Name of the Limited Liability C (Λ Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L16000034931	npany were filed on 2/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	022
		- IX
		85 L
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
manning www.cos.pss.s.s.s.s.s.s.s.s.s.s.s.s.s.s.s.s.s		ω Cr
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florida	
	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.

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>	<u>Address</u>	Type of Action
AMBR	Sunil Gulati	6356 West Maclaurin Drive, Tampa, FL 33647	□Add
			■Remove
			□Change
AMBR	Gurmeet Gulati	6356 West Maclaurin Drive, Tampa, Florida 33647	= Add
			□Remove
			□Change
			_ □Add
			Rêmovê
			□Change (
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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	nust be specific and cannot be prior to date of filing or n block does not meet the applicable statutory filir		
	tive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
record specifies a delayed effect is filed. April 28	2022 Cab (28 NR) Signature of a member or authorized representative		