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(F	Requestor's Name)
(/	Address)
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	City/State/Zip/Phone #)
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(i	Business Entity Name)
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COVER LETTER

TO:

TO: Registration Section Division of Corpor			
SUBJECT:	HOKARA	2 = LLC	
		ited Liability Company	
			÷
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	,
Please return all corresponde	nce concerning this matter	to the following:	
	VINI	AY GUTTT Name of Person	·
	_		
•		Firm/Company	
	9439 WESTOVEL CLUB CIRCLE Address WINDERMERE, FL 34786 City/State and Zip Code VGUTTIC GMAIL, COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
	WINDERN	IERE, FL 3470	86
	VC	City/State and Zip Code	
_	E-mail address:	to be used for future annual report notif	ication)
For further information conce	erning this matter, please c		
			-20
		a(7/7) 215	-1323
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect	tion	Street Address: Registration Sec	tion
Division of Corp	``	Division of Corp	
P.O. Box 6327	/	The Centre of T	
Tallahassee, FL:	3231/	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUKAKA	2 UC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	lompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 16000 183 703</u> .	pany were filed on	0/03/20/6 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>:e</u> :	
he new name must be distinguishable and contain the words "Limited	Liability Company," the de:	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		PINTED -I	
3. If amending the registered agent and/or registered of	ffice address on our re	cords, enter the name of the arw regist	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	

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 amendin or removed	g Authorized Person(s) authorized to n l from our records:	nanage; <u>enter the title, name, and address of each</u>	person being added
MGR = M $AMBR = M$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VINAY GUTTT	9439 WESTOVER CLUBUR	Pag Add
		WINDERMERE, FL 34786	E-Remove
			□Change
MGR	S.V. BALAJI LLC	9439 WESTOVER CLUB CIRCL	E DAJU
٠		WINDER MERE, EL 34786	□Remove
			□Change
			□Add
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an effective date ote: If the date	is listed, the date e inserted in thi		ng:	r to date of filing or eable statutory fili	more than 90 days		
	s a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a.m	. on the earlier o	of: (b) The 90th	day after th
record specific Lis filed.							
	uary	23	. 202 (1 H	<u>C</u> .			
I is filed.	uary	23 Signature of	202 Adamember of auth	C . orized representative	ve of a member		