## 117000097184

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

то:	Registration Section Division of Corpor		in second	in.
	a om	ASHESH,	LLC	,
SUBJI	ЕСТ:	Name of Limi	ted Liability Company	
The en	closed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	ence concerning this matter t	o the following:	
			P. Todd Kennedy	
			Name of Person	<del></del>
			ASHESH, LLC  Name of Limited Liability Company  If fee(s) are submitted for filing.  In this matter to the following:  P. Todd Kennedy  Name of Person  Kennedy & Kennedy, P.L.  Firm/Company  14 Southeast 4th Street, Suite 36  Address  Boca Raton, FL 33432  City/State and Zip Code akamatya@yahoo.com  Comail address: (to be used for future annual report notification)  Patter, please call:    160	
			Firm/Company	
		14 :	Southeast 4th Street, Suite 36	
			Address	
		Во	ca Raton, FL 33432	
	-			off action)
For fur	ther information conc	erning this matter, please ca	·	meation
	P. Todd Kenned	dy	at ( )	
	Name of Pe	rson	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for the f	ollowing amount:		
<b>■</b> \$2:	5.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

ASHESH, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	May 2, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>'e</u> :
	ange 📑
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	7.57
(Principal office address MUST BE A STREET ADDRESS)	. つ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	da street address
	, 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>	Address	Type of Action
MGR	Sabina Bhochhibhoya	2803 Pillsbury Way	□ Add
		Wellington, FL 33414	<b>≡</b> Remove
			☐ Change
MGR	Sabina Bhocchibhoya Amatya	2803 Pillsbury Way	■ Add
		Wellington, FL 33414	☐ Remove
			Change
			D Add
			☐ Remove
			☐ Change
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Note: If the da	e, if other than the te is listed, the date me ate inserted in this b fective date on the I	lock does not m	eet the applical	o date of filing or r ole statutory fili	nore than 90 days	optional) after filing.) Pursuan	to 605.02
	ecifies a delaye day after the rec		ate, but not	an effective	time, at 12:0	01 a.m. on the	earlier o
. <b>.</b>	ay 6 TH	,	2017	 ^		٠	
atedM		_/fl	- Amil	ized representative			

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Filing Fee: \$25.00