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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: MAL	ATHI SHIVAF	RAKASH LLC	
	Name of Lim	nited Liability Company	.
	Amendment and fee(s) are sub	-	
	MALATHI	SHIVAPRAKASH Name of Person	1
	MALATHI.	SHIVAPRAKASH Firm/Company	LLC B
	19820	MADDALENA C	ircit :
	_ ESTERO	O FL 339	67
	Malathi Sh E-mail address: (to be used for future annual report wiff	vail com in a
For further information co	oncerning this matter, please ca		
Malathi Sl Name of	nivaprakash Person	at (201) 317 Area Code Daytime	0 786 Telephone Number
Enclosed is a check for th	e following amount:		
51 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 2 Sectio
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL	orations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACH ITT SHIVAT RANDIT LLC	
(Name of the Limited Liability Company as it now appears on our rece (A Florida Limited Liability Company)	ords.)
(A ctorida Elitited Elabitity Company)	ु हुँ
The Articles of Organization for this Limited Liability Company were filed on <u>DS MAY</u> Florida document number <u>L 1700010022</u> 7	'
This amendment is submitted to amend the following:	5
A. If amending name, enter the new name of the limited liability company here:	- ; ;>
	<u>12:</u> 20
Not cable The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L	, O
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
- The span office address 17001 D17 11 01 112.11 1120 112.00	a) cable
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	apricabi
B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	er the name of the new registere
Name of New Registered Agent:	- OTH
New Registered Office Address:	
Enter Florida street add	ress
	Clarida
Ciw	FloridaZip 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 provisions of all statutes relative to the proper and complete performance of my duties,	

accept the obligations of my position as registered agent as provided for in Chapter 605, E.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.

Is 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
<u>AMB</u> R	JAYANTH SHIVAPRAKASI	4 JACQUELINE CIRCLE 1 NATICE, MA 01760	landd
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			🗀 Add
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a becoment's effective date on the Department of State's records.								
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. MAY 2023 Signature of a member or author year representative of a member	<u></u>	 	 				/	
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Filing Fee: \$25.00