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COVER LETTER

TO: Registration Section

Division of Co	rporations		
Indian Hot	Orlando LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Manu Mittal		
•		Name of Person	
	Indian Hot Orlando LLC		
		Firm/Company	
	4642 S Kirkman Road		
		Address	
	Orlando, FL 32811		
		City/State and Zip Code	
	mmittalus@yahoo.com E-mail address:	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please of	•	
Manu Mittal	5 / 1	732 801-7369	
	f Person	at ()	
Name o	i Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Table 2415 N. Monroe	porations allahassee
Tallahassee, I	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Indian Hot Orlando LLc	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on 05/09/2017 and assigned
Florida document number L17000102589	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
Indian Hut of Orlando LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	₩ O - m
	# 9 <u>"</u>
Enter new mailing address, if applicable:	SSEE 25
(Mailing address MAY BE A POST OFFICE BOX)	T 3
	6: 8: 0::>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida 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>l'itle</u>	Name	Address	Type of Action
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in chective date is listed, the date i	must be specific and	cannot be prior t	to date of filing or	AL AA	(optional) 's after filing		nt to 605.02
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-	Signature of a m	nember or author	danad and a second		<u> </u>		

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