

	(Requ	estor's Name)	
	(Addr	ess)	
	(Addr	ess)	
-	(City/	State/Zip/Phon	e #)
PICK-	UP	☐ WAIT	MAIL
	(Busi	ness Entity Nai	ne)
· · · · · · · · · · · · · · · · · · ·	(Дось	ıment Number)	
Certified Copies		Certificate	s of Status
Special Instruction	ons to Fi	ling Officer:	 _
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S. WARREN AUG 0 2 2017

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Ganganyan,			
			ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		John L. Whiteman		
			Name of Person	
		St. Johns Law Group, P.A.		
			Firm/Company	
		104 Sea Grove Main Street		
			Address	
		St. Augustine, FL 32080		
			City/State and Zip Code	
		jwhiteman@sjlawgroup.con		
			o be used for future annual report i	notification)
For further in	nformation co	oncerning this matter, please ca	J1;	
John L. Whi	teman		904 495-0400 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	S30.00 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 ADDRESS:

TO:

Registration Section

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

Ganganyan, LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on July 24, 2017 and assigned
Florida document number L17000157930	 ·
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
Ganganayan, LLC	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u></u>
B. If amending the registered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the nev</u> lice address here:
	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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 = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		·	
			☐ Remove
			☐ Change
			□ Add
			□ Change
			Add
			Remove
			Change
			□ Add
		 	□ Remove
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Filing Fee: \$25.00