117000170764

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbil	ity Company as it now appears on ou a Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability (Florida document number L17090170764				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
N/A				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A	HAR 30		
		P 318		
		5 22		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our record	s, enter the name of the new registered		
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Florida ste	vot addrage		
	Lines i Ioriau sin	Enter Florida street address		
	City	, Florida 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
AMBR	LEELA DEBNATH	2551 SWOOP CIRCLE KISSIMMEE, FL 34741	🗏 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			□Add
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			🖸 Change
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)(ted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	er the
Dated 3/27/, 2020 Signature of a member or authorized representative of a member	
- Sc Alexalle	
·	
SUBODH DEBNATH Typed or printed name of signee	

Filing Fee: \$25.00