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COVER LETTER

TO: Registration Section Division of Corpora			•
SUBJECT:	k otecha Name of Limite	SisterS LLC ed Liability Company	,
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	ace concerning this matter to	the following:	
-	Krish	na Icotecha	
-	Kotecha	Sister LLC Firm/Company	
-	9025	SW Moth Pl	
-	Miani,	FL 33196 City/State and Zip Code	
	Cotecha E-mail address: (to	be used for future annual report notificat	1.0.10 (non)
For further information conce	rning this matter, please call	l:	
Name of Per	<u>kotecha</u>	at (305) 713 Area Code Daytime Te	- 6344 Slephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 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 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

	Liability Company as it Florida Limited Liability		r records.)	<u> </u>	· ·
The Articles of Organization for this Limited Liab		filed on 🔝	24/17	and ass	igned
Florida document number 11700018	30363				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability co	ompany here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Con	npany," the designat	on "LLC" or the abb	previation "L.	L.C."
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET	ADDRESS)				
,			-	. 20:17	
					L
Enter new mailing address, if applicable:			•	رس مسا	₹ •••
· · · · · · · · · · · · · · · · · · ·	·				-
(Mailing address MAY BE A POST OFFICE BO	<u>'X)</u>		-	<u> </u>	
				- 49	
				<u>č</u> n	
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our	records, <u>enter`t</u>	the name	of the new
Name of New Registered Agent:	Crish	sa kr	stecha		
New Registered Office Address:	9025	SW - Enter Florida stre	et address	١	
<u>-</u>	M. Ci	a mi	, Florida	33\9 Zip Code	<u> 6</u>

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

Page 1 of 3

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 Title Name Address Type of Action MGIPM Payal Chhelarda 9025 SW 170th PI DAdd MGIRM Ashraf Reban 801 NIN 47th ave apt 12105 Miam FL3312C OChange □ Add ☐ Remove ☐ Change □ Add ☐ Remove Remove ÇV. ☐ Change

□ Add

☐ Remove

☐ Change

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}	
- -	
(II an o	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	200
I Date	De of Kon Kotecher Pardecher &:
	Signature of a member or authorized representative of a member
- 1	Payal Chhelanda Kan Shark recry Oliver Radhika B.K.
	Page 3 of 3:
	Filing Fee: \$25.00