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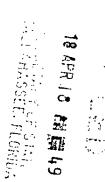
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Russell L. Andrews Name of Person
NAMASKAR GROUP LLC Firm/Company
2015 NE 120 1 Rd Address
NowTh Miam, FLA 33/8/ City/State and Zip Code
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Russell Andrews at (954) 559-4260 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 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

NAMASKAR GROUJ	0 LLC	
NAMASKAR (ROU) (Name of the Limited Liability Co (A Florida Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 18000024170</u>	any were filed on Jamany 26,	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	ciability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Tr.
D 16 . 11 . 11 . 1 . 1 . 1		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
		SS Co
Name of New Registered Agent:		
Nume of New Togistered Agent.	, , , , , , , , ,	
New Registered Office Address:	Enter Florida street address	
	tnier rioriaa sireei address	9 04
	, Florid	
	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 Title Title **Name Address Type of Action** AMBR BETTY ANTONIO-ANDREWS 2015 NE 120Th R 33/8/ ☐ Change □ Add ☐ Remove _□ Change □ Add □-Remove ☐ Change 1888E. Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other than the date of filing:	\$5	64
n effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing current's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursua g requirements, this date will no	ant to 605.6 of be listed
record specifies a delayed effective date, but not an effective ti he 90th day after the record is filed.	ime, at 12:01 a.m. on th	e earlie
ted APRIL 13, 2018.		

Page 3 of 3

Filing Fee: \$25.00