L18000102449

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DocuSign Envelope ID: 1DADF547-2742-44B2-BD98-6AEF489744B8 COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Indú Hol	dings LLC	-	
30b)LC1.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Jennifer L. Codding		
		Name of Person	
	Massey Law Group, F	P.A	
		Firm/Company	
	PO Box 262		
		Address	
	St. Petersburg, FL 3	3710	
		City/State and Zip Code	
	jcodding@masseylav E-mail address: (vgrouppa.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jennifer L. Coddin	g	at (813) 868-5601	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Fiting 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CocuSign Envelope ID: 1DAD7547-2742-44B2-BD98-6AEF489744B8 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indu Holdings LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000102449</u> . This amendment is submitted to amend the following:		and assigned
·		
A. If amending name, enter the new name of the limited liabil	nty company nere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the	PH Coname of the new registered
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.S	I am familiar with and 5. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

CocuSign Envelope' ID: 1DAD7547-2742-44B2-BD98-6AEF489744B8
11 amending Authorized rerson(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
MGR	Ragship LLC	19107 Harbor Cove Court	⊠Add
		Lutz, FL 33558	□Remove
			□Change
MGR	Heena Thakkar	19107 Harbor Cove Court	□Add
		Lutz, FL 33558	ZRemove / NOV → Change
MGR	Gautam Thakkar	19107 Harbor Cove Court	E DANN
		Lutz, FL 33558	∵
			□ Change
			□Add
			□Remove
			□Change
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<u>ote:</u> It t	ve date is listed, the da the date inserted in 's effective date on	this block does n	ot meet the applic	able statutory filir	nore than 90 days after ag requirements, this	onal) filing.) Pursuant to 605.026 date will not be listed a
record sp l is filed.		ffective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ated	.1/4/2020			·		
	DocuSigned by:					
	Theoma	<u> </u>		orized representative		
	E89388D850C04DF	Signature o	ij a member or anin	onzea representanti	ora member	

Filing Fee: \$25.00