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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT: <u>INDIA</u>	A) /NVESTME/ Name of Limi	NTS LC. ited Liability Company		
The enc.	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspond	dence concerning this matter	to the following:		
		REGIANE	RODRIGUES DIAN Name of Person	1	
		INDIAN INVE	EST MEAITS LLC Firm/Company		
		<u>8749 BISMA</u>	RCK PALM RD. Address		
		KISSIMMEE	- FL 34744. City/State and Zip Code		
		REGIANE DIA M E-mail address: (1	J 7 @ GMAIL : COM o be used for future annual report notif	fication)	
For furth	ner information con	cerning this matter, please ca	di:		,
REG	丹八三 R Name of P	D/A N erson	at (321) 424- Area Code Daytime	- 89 6 8 e Telephone Number	
Enclosed	is a check for the	following amount:			
⊠ - \$25.	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)	SIMILE OF STATE OF ST

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

INDIAN INVEST	MENTS LLC lity Company as it now appears on our reco	
(Name of the Limited Liab) (A Flori	da Limited Liability Company)	oras.)
The Articles of Organization for this Limited Liability	Company were filed on $5/151$	2018 and assigned
Florida document number <u>L18 00012095</u>	<u>}</u> :	
This amendment is submitted to amend the following:		27
A. If amending name, enter the new name of the lin	nited liability company here:	.27
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		
B. If amending the registered agent and/or reg		rds, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALEXANDRE DENIS	8949 BISMARCK PALM RI	<mark>∑.</mark> Ø.j∧dd
	DIAN	KISSIMMEE- FL 34747	☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Add
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			Change
			D Add
			Remove
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			Remove
			Change
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			Remove
			Change

Effective date, if other than the date of filing: OCTOBER / IC / 2018. (optional) 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 605 020 Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated NOVEMBER 9 the Signature of a member depulse of a member depulse of a member of a member of a member of a member of a privated and or signee.		
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- 7077 0 -0 7111		Signature of a member countborized representative of a member
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Filing Fee: \$25.00