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COVER LETTER

	Registration S Division of Co			•
SUBJEC		KALI ENTERPRISES LLC		
жорды		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		PRANAY REDDY VANO	5A	
			Name of Person	
		BHADRAKALIENTERP	PRISES LLC	
			Firm/Company	
		510 N FERDON BLVD		
			Address	
		CRESTVIEW, FL 32536		
		pranayreddyvanga@gmail.c	City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notif	ication)
For furth	er information c	concerning this matter, please ca	all:	
PRANAY REDDY VANGA		NGA	540 850-3338	
	Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

BHADRAKALI ENTERPRISES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/23/2018	and assigned
lorida document number L18000202255		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I.I.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ABS 8
	-	
Enter new mailing address, if applicable:		CORPORA CORPORA AM 7:
Mailing address MAY BE A POST OFFICE BOX)		7.
		7 05 0
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	la
	City	Zıp 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
MGR	SHWETHA PRANAY R VANGA	40739 ORKNEY CT	
		ALDIE, VA 20105	
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te: If the date inserted in this block cument's effective date on the Department.	k does not meet the applicable	statutory filing requirements	, this date will not be list	ted a
edition servetive date on the 12epa	adheneof state s records.			
record specifies a delayed e		effective time, at 12:0	01 a.m. on the earli	ier (
The 90th day after the recor	d is filed.			
SEPTEMBER 05 ted_	2018			
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Typed or printed name of signee

Filing Fee: \$25.00