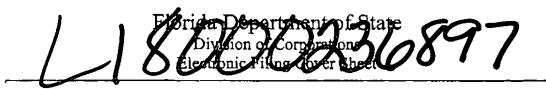
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GULATI LAW

Account Number : I20130000014

Phone Fax Number : (407)900-5054 : (407)517-4931

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		RNATIONAL, LLC		•
SODJE	C1.	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		Sarah Gulati		
		Gulati Law, P.L.	Name of Person	
		479 Montgomery Place	Firm/Company	
		Altamonte Springs, Florida	Address	
		office@gulatilaw.com	City/State and Zip Code	
For furt	her information c	E-mail address: (oncerning this matter, please o	to be used for future annual report notified.	ication)
Sarah C	dulati		407 900-5054	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
		ING ADDRESS: ation Section	STREET/COURL Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVI-LIDA C	-1. \
Limping Company as R now appears on our reci Plorida Limited Liability Company)	<u>ora</u> 3*)
bility Company were filed on October 5, 201	8 and assigned
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<u></u>	28
r registered office address on our recorce address here:	rds, enter the name of the
Enter Florida street add	ress
City	Florida <u>Zip Code</u>
	wing: the limited liability company here: ds "Limited Liability Company," the designation "Lole: ADDRESS) registered office address on our recorded address here: Enter Florida street address.

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	<u>Name</u>	Address	Type of Action
AMBR	POONAM VIJ	479 Montgomery Place	
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