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COVER LETTER

TO:	Registration Se Division of Cor		4 4	
SUBJE	SUB4153 I	LLC		
SUBJE				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Sudharani Venkatesan		
		SUB4153 LLC	Name of Person	
			Firm/Company	
		1250 Airport Pulling Road	• •	
			Address	
		Naples, FL-34104		
		sudhavishvak@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	ther information c	oncerning this matter, please c	all:	
Sudhar	ani Venkatesan		239 888-1149 at ()	
	Name o	f Person		ne Telephone Number
Enclose	ed 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)
	Registr	ING ADDRESS: ation Section of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUB4153 LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/08/2019 and assigned
Florida document number L19000096719	
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u>s</u>
	0 <u>1</u>
	SET OF THE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	D
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GAYTRI GROUP LLC	1250 Airport Pulling Road N, Naples, FL-34104	■ Add
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fective date, if other than the date of filing in effective date is listed, the date must be specific and ote: If the date inserted in this block does not recument's effective date on the Department of S	d cannot be prior to meet the applicable			filing.) Pursu		
record specifies a delayed effective of the 90th day after the record is filed.		an effective tii	me, at 12:01 a	.m. on th	ie ear	lier (
08/19/2019						
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Filing Fee: \$25.00