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COVER LETTER

	RADISE	OF INDIA LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed A	ticles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all	correspon	dence concerning this matter t	to the following:	
		JOSEPH MEKKATTUPRA	AMAN	
		PARADISE OF INDIA LL	Name of Person C	
		14230 WARD ROAD	Firm/Company	
		ORLANDO, FL 32824	Address	
		fivestarindianfood@gmail.co		
Ear famhan in fa		•	to be used for future annual report notifi	cation)
		ncerning this matter, please ca		
JOSEPH MEKJ	Name of		407 721 7498at ()Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ng 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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

PARADISE OF INDIA LLC					
(Name of the Limit	ted Liability Compa	ny as it now appears on our real Liability Company)	cords.)		
	(11 Torras Emilion	Electricy Company)			
The Articles of Organization for this Limited L	and assigned				
Florida document number 1.19000100903			ुः । जुल्ला		
This amendment is submitted to amend the foll	owing:		,		
A. If amending name, enter the new name o	f the limited liab	ility company here:			
NOT APPLICABLE					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	9404 SOUTH ORANGE BLOSSOM TRAIL			
(Principal office address MUST BE A STREE		ORLANDO, FL 32837			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	ROY)				
IMMUNICALITY BE AT UST OFFICE	<u>BOAJ</u>				
B. If amending the registered agent and registered agent and/or the new registered or			ords, enter the name of the no		
Name of New Registered Agent:	JOSEPH MEKKATTUPRAMAN				
New Registered Office Address:	14230 WARD				
<u>=</u>		Enter Florida street aa	ldress		
	ORLANDO		, Florida ³²⁸²⁴		

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>	Name	Address	Type of Action
			□ Add
			Remove
			Change
<u>_</u>			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
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Note: 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.							<u> </u>
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Page 3 of 3

Filing Fee: \$25.00