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COVER LETTER

то:	Registration So Division of Co							
		I YULEE, LLC						
SUBJE	iст:	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		Billy Stewart						
			Name of Person					
		V and B Accounting Servi	ces, Inc					
			Firm/Company					
		8031 Ebersol Rd						
			Address					
		Jacksonville, FL 32216						
			City/State and Zip Code					
		vandbacc@gmail.com						
		E-mail address: (to be used for future annual report notifi	cation)				
For fur	ther information of	concerning this matter, please co	all:					
Billy S	Stewart		904 509-1855 at ()					
•	Name o	of Person	Area Code Daytime	Telephone Number				
Enclos	ed is a check for t	he following amount:						
\$2 :	5.00 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)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANESHII YULEE, LLC		
(Name of the Limited Liability Con (A Florida Limit	opany as it now appears on our od Liability Company)	necords.)
The Articles of Organization for this Limited Liability Compa	my were filed on	and assigned
Florida document number L19000155991		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		19 ALL ALL
		o n
		28
Enter new mailing address, if applicable:		T. = .T
Mailing address MAY BE A POST OFFICE BOX		
,		# £
		21
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		ecords, enter the name of the
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HARIKRUSHNA PATEL	8063 268th St., Floral Park, NY 11004	
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Add
		<u>. </u>	Remove
			Change
			28
			Remove
			□ Add
			□ Remove
			Change
			Remove
			☐ Change

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
 -	
	
(If an effective Note: If the document's	ate, if other than the date of filing: 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of h day after the record is filed.
Dated	10/21 2019
	3610
_	Signature of a gloriber or authorized representative of a member
_	SHUMINA VAIBL
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00