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(Daywarda Nama)	
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PICK-UP WAIT	MAIL
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(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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### **COVER LETTER**

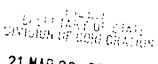
TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUD UCC		RNA ORLANDO LLC		
SUBJEC	1:	Name of Lin	ited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JIGNESH KOTHARI		
			Name of Person	
		NAPURNA ORLANDO LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing, correspondence concerning this matter to the following:    JIGNESH KOTHARI		
			Name of Limited Liability Company  at and fee(s) are submitted for filing.  cerning this matter to the following:  SH KOTHARI  Name of Person  PURNA ORLANDO LLC  Firm/Company  E COLONIAL DRIVE, STE 110  Address  NDO, FL 32826  City/State and Zip Code  ri@gmail.com  E-mail address: (to be used for future annual report notification)  nis matter, please call:  at (407	
		NNAPURNA ORLANDO LLC  Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:  JIGNESH KOTHARI  Name of Person  ANNAPURNA ORLANDO LLC  Firm/Company  12286 E COLONIAL DRIVE, STE 110  Address  ORLANDO, FL 32826  City/Nate and Zip Code  jimkothari@gmail.com  E-mail address: (to be used for future annual report notification)  remation concerning this matter, please call:  THARI  Name of Person  Area Code  1 S30.00 Filing Fee & Certificed Copy (additional copy is enclosed)  Address:  Certificate of Status & Certified Copy (additional copy is enclosed)  2 Address:  Uration Section Division of Corporations		
		· · · · · · · · · · · · · · · · · · ·	Address	
		ORLANDO, FL 32826		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further	r information c	oncerning this matter, please c	all:	
JIGNESI	I KOTHARI			
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≘</b> \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
F		Section	Registration S	
	P.O. Box 632	•		
7	Γallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



21 MAR 29 PH 2: 43

ANNAPURNA ORLANDO 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 Florida document number <u>L19000253008</u> .	pany were filed on 10/08/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
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:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new register
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Emer F tortau 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.

City

, Florida .

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Continue of C

MGR = Manager AMBR = Authorized Member

## 21 MAR 29 PM 2: 43

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NIKUNJ PATEL	1718 J LAWSON BLVD	<b>=</b> Add
		ORLANDO, FL 32824	Remove
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e record d is file	specifies a delayed.	ved effective date, b	but not an effective	e time, at 12:01 a.m	i. on the earlier of: (I	o) The 90th o	lay after the
Dated	3/24	2021		<del></del> ·			
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Filing Fee: \$25.00