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COVER LETTER

TO:	Registration Division of C		ons			
SURIE	·CT·	UMA	MAHESHIA	RA LLC		
50001	.c		Name of Lim	ited Liability Company		
The en	closed Articles	of Amend	ment and fec(s) are sub	mitted for filing.		
Please	return all corres	spondence	concerning this matter	to the following:		
			RAMYE	A DAMARA	PATI	·
				Name of Person		
			UMAI	MAHESINA	RA LL	- C
			•	Firm/Company		
			10119 H	AWK STOR	M AVE	
				Address		
			TAMPA	FLORIDA	- 3361	0
			<u>.</u>	City/State and Zip Code	,	
			GODAVA F	ZITAMPA © O	MAIL (O	<u>M</u>
For fur	ther information	n concerni	ng this matter, please ca			
R	AMYA	DAI	MARAPATI	at (<mark>984)</mark> Area Code	292-5	2128
	Nam	e of Person		Area Code	Daytime Teleph	one Number
Enclose	ed is a check fo	r the follo	wing amount:			
⊠ \$2.	5.00 Filing Fee	□ s	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Adde		1	Street A Registr	address: ration Section	
	Division of			•	on of Corporation	ons
	P.O. Box 6		. 1 4		entre of Tallahas	
	Tallahassee	. r L 323	14	2415 N	 Monroe Stree 	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDA MAHESIL	ADA IIC	AND T							
		- B							
(A Florida Limited	Liability Company)	福品 。							
The Articles of Organization for this Limited Liability Company	were filed on 01/15/20	20 September 200							
Florida document number <u>L2C0C0022652</u> .		FLORES 2:							
This amendment is submitted to amend the following:									
A. If amending name, enter the new name of the limited liah	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Li								
<u> </u>									
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."							
C. A. C.									
Enter new principal offices address, if applicable:		· ··							
(Principal office address MUST BE A STREET ADDRESS)	 	<u> </u>							
Enter new mailing address, if applicable:									
(Mailing address MAY BE A POST OFFICE BOX)									
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registered							
agent and/or the new registered office address here:	· 								
Name of New Registered Agent:									
New Registered Office Address:	Enter Florido street address								
	Cny	z.ip 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>	Address	Type of Action
AMBR	SAI RITHVIK REC	DY ALLA 10119	HAWK STORM EXADO
			ORIDA - 33610 DRemove
<u>AMBR</u>	RAMI REDDY KOTHA	MARAH 10119	□Change AVE HAWK STORM BAdd
		TAMPA, FL	ORIDA - 33610 OREMOVE
			□Add
			□Remove
			Change
			
			□Remove
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			□Remove
			□Change
		<u>,</u>	□Remove
			Change

II at	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e <u>Note</u>	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 01/31/2020 RD
	D. Ramus
	D' Ranya Signature of a member or authorized representative of a member
	OALUA DALIGADA
	RAMYA DAMARA PATI Typed or printed name of signce

Filing Fee: \$25.00