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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future $\frac{1}{2}$ annual report mailings. Enter only one email address please.

| Email Address: | |
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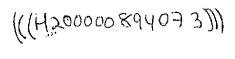
CHARCOAL INDIAN CUISINE, LLC

| Certificate of Status | 0 |
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Helpo SIMMONS MAR 24 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| CHARCOAL INDIAN CUISINE, LLC | | |
|---|---|--------------------------------|
| (Name of the Limited Liability ((A Florida Li | ompany as it now appears on our record mited Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability Com | npany were filed on 01/30/2020 | and assigned |
| Florida document number L20000037174 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 202 |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | <u> </u> |
| | | ω ; , |
| Enter new mailing address, if applicable: | | 12 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 0. 2 |
| | | 20 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | | s. enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | |
| | , Flo | orida |
| | Cay | 2.47 C1/HC |

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

From: Hector Rodriguez Fax: 18667677835

Hector Rodriguez * Fax: 18667677835 To: Sunbiz LLC Fax: (850) 617-6383 Page: 3 of 4 (03/21/2020 10:09 AM しんしょう こうりょう こうりょう はいました ははし、name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------------------|-----------------------|-------------------|
| MGR | SRINIVAS RAJARAM | 5850 B SUNSET DR | ₩ Add |
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| Hector Rodriguez * F&: 15667677835 D. If amending any other inf | To: Sunblz LLC | Fax: (850) 617-6383 | Page: 4 of 4 > 0 0000 상 | 4407 L |
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| D. If amending any other inf | ormation, enter change(s) he | re: (Attach additional sheets | s, if necessary.) | , |
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| E. Effective date, if other than (If an effective date is listed, the date Nation of the date in second in the | the date of filing: | ro less d'éliss e mes de 190 de | (optional) | |
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| (b) The 90th day after the | record is filed. | | | |
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| Dated MARCH 20 | 2020 | | | |
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| | Signature of a member or author | rized representative of a member | | |
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Page 3 of 3

Typed or printed name of signee

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