## L20000058832

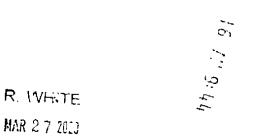
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## **COVER LETTER**

TO:

	istration Sec ision of Corp		1
CUDUPAT.		INVESTMENTS LLC	a ·
SUBJECT:		Name of Limi	ited Liability Company
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		NANDKHRISNA BEHAR	RI
			Name of Person
			Firm/Company
		1500 N HASTINGS ST	
		ORLANDO, FL 32808	Address
		NANDKHRISNA@GMAII	City/State and Zip Code
		~	to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please ca	all:
NANDKHR	ISNA BEHA	ARI	407 455-1895 at ()
	Name of	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
□ \$25.00 i	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Section
Registration Section Division of Corporations			Division of Corporations
Р.0	D. Box 632	7	The Centre of Tallahassee
Ta	Hahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEHARI'S INVESTMENTS LLC

7:20: 16 111 9:43

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Compan	y were filed on <u>FEI</u>	BRUARY 21, 2020	and assigned
lorida document number L20000058832	'			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	-	bility company he	re:	
s. If amending name, <u>enter the new name</u>	WI COLO III WALLE THE		<del></del>	
The new name must be distinguishable and contain the	words "Limited Liah	oility Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	N/A			
Principal office address MUST BE A STRE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
			<u> </u>	
B. If amending the registered agent and/or	registered office	address on our re	ecords, enter the nam	e of the new registe
igent and/or the new registered office addr			<u> </u>	
	<b>N</b> //			
Name of New Registered Agent: N/A			<del> </del>	
New Registered Office Address:	1500 N HAST			
New Registered Office Address:	1500 N HAST		ida street address	
New Registered Office Address:	0RLANDO		ida street address Florida 328	308 Zip Code

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	NANDKHRISNA BEHARI	1500 N HASTINGS ST	□Add
		ORLANDO, FL 32808	□Remove
			<b>■</b> Change
MGR	JASODA BEHARI	4531 SETTLEMENT CIRCLE	🗆 Add
		ORLANDO, FL 32818	□Remove
			<b>■</b> Change
AMBR	MANHINDRANAUTH BEHARI	1500 N HASTINGS ST	□Add
		ORLANDO , FL 32808	□Remove
			<b>■</b> Change
AMBR	DEVIEDASIE BEHARI	1500 N HASTINGS ST	
		ORLANDO, FL 32808	□Remove
			<b>=</b> Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			Remove
			□Change

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fective dat	e, if other th	nan the date of	f filing:				(optional)		
in effective da o <mark>te:</mark> If the d	ite is listed, the ate inserted i	date must be spec n this block does on the Departme	ific and cannot not meet to	he applicabl	late of filing or e statutory fili	more than 90 da ng requiremer	ys after filing.)	Pursuant to 605.0 vill not be listed	207 l as
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nted <u>(). 3</u>	105	120	/		•				
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	, —	Signatur	re of a memb	er or authoriz	ed represenjativ	re of a member			
		/ /	7		0				