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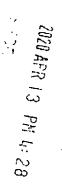
(Requestor's Name)
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O SIMMONS APR 23 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Achutuni	& Achutuni FL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Surya J Achutuni		
		Name of Person	
		Firm/Company	<u></u>
	1509 Lake Whitney Dr		
		Address	
	Windermere, FL 34786		<u> </u>
		City/State and Zip Code	
	jo@ehfs.net	to be used for future annual report	notification)
For further information co	oncerning this matter, please c		
Surva J Achutuni		at (=301 ==) 775-8615	
Name of	Person	Area Code Day	ytime Telephone Number
Enclosed is a check for th	e following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ So0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address Registration	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee, F			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Achutuni & Achutuni FL LLC		PH 4:28
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	4. 28
The Articles of Organization for this Limited Liabil	ity Company were filed on02/24/2020	and assigned
Florida document number <u>L20000061409</u>	 ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flor	ida Zip Code
	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>	Address	2020 APR 1 Type of Action
MGRM	Vasudeva R Acutuni	1509 Lake Whitney Dr	Add Add Add
		Windermere, FL 34786	∑ Remove
			Change
MGRM Vasudeva R Achutuni	1509 Lake Whitney Dr	\ \ \ \ \ \ \	
		Windermere, FL 34786	□Remove
			□Change
		□Add	
			□Remove
		☐ Change	
			□ Add
		□Remove	
			□Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			□ Ch

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	2020 APR 13 PM 4: 29
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(If an eff Note:	tive date, if other than the date of filing: 02/24/2020 (optional) Tective 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 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the recorecord is fi	rd 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 iled.
Dated	04/09/2020
	Signature of a member or authorized representative of a member
	•
	Surya J Achutuni Typed or printed name of signee