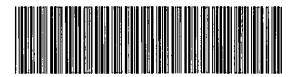
L20000 107963

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SEP 2 2 2020

S. YOUNG

COVER LETTER

TO: Registration So Division of Cor			
	=		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
	Rajiv Kapur		
		Name of Person	
	LDRR International Holdi	ng LLC	
		Firm/Company	
	364 Haverlake Circle		
Division of Corporations LDRR International Holdings LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for tiling. lease return all correspondence concerning this matter to the following: Rajiv Kapur			
	Apopka, FL 32712		
		City/State and Zip Code	
	=		30.00
For further information c		·	ouncation)
Rajiv Kapur			
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &
			Section
		-	
P.O. Box 632			
Tallahassee.	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDRR International Holdings LLC (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 Company were filed on $\frac{4/20/2020}{1}$ Florida document number L20000107963 This amendment is submitted to amend the following: 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" or the abbreviation "LLC," 121 South Orange Avenue, Suite 1500 Enter new principal offices address, if applicable: Orlando, FL 32801 (Principal office address MUST BE A STREET ADDRESS) 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 Florida street address City

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 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
MGR	Thomas P. O'leary	2380 NW 49th Lane, Boca Raton, FL 33431	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Add
			□ Remove
			□ Add
			□Remove
			□Change
			🗀 Remove
			□Change

If amending any other info	rmation, enter change(s) her	e: (Attach additional)	theets, if necessary.)	
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Effective date, if other than	the date of filing:		(optional)	
Note: If the date inserted in the	the date of filing: e must be specific and cannot be prior its block does not meet the appli he Department of State's records	cable statutory filing req	an 90 days after (iling.) Pursuant to Guirements, this date will not be 1	605.0207 (isted as t
he record specifies a delayed eff ord is filed.	Pective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
Dated <u>7/24/</u>	2020			
		ed representative of a r	111	
		1//1//	[1.4/KV-1	