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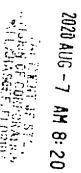
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COVER LETTER

Registration Section

Division of Corporations

TO:

Bhadri, Lt.	.C					
SOBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Shivon Patel, Esq.					
		Name of Person				
	The Principal Law Firm. I	².l				
		Firm/Company	<u></u>			
	4901 International Parkwa	ay, Suite 1021				
		Address				
	Sanford, FL 32771					
		City/State and Zip Code				
	shivon@principallaw.net					
	E-mail address: (to be used for future annual report not	tication)			
For further information of	oncerning this matter, please c	all:				
Shivon Patel		407 322-3003 at ()				
Name of Person		Area Code Daytim	re Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations `allahassee			
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bhadri, 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 May 27, 2020 Florida document number 1.20000144289 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 "L.L.C." Enter new principal offices address, if applicable: (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

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
MGR	Srinivas Yethirajam	313 Kay's Landing Drive	□Add
		Sanford, Florida 32771	
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Add
			□Remove

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<u>ste:</u> If t	he date insert	ted in this block	does not m	eet the appli	cable statuto	ry filing require	ments, this da	ing.) rursuant to o ate will not be li	isted as
cument	s effective di	ate on the Depa	rtment of St	ate s record:	s.				
ecord sp	ecifies a dela	yed effective d	ate, but not a	an effective	time, at 12:0	La.m. on the ea	urlier of: (b)	The 90th day at	fter the
is filed.							,		
	Turk	20		2020					
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ted				11 -	· Mr.				
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Filing Fee: \$25.00