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COVER LETTER

Registration Section
Division of Corporations

TO:

NARMADA SUBJECT:	A, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	UMESHBHAI PATEL		
		Name of Person	
	NARMADA, LLC		
		Firm/Company	
	3350 MARINATOWN LN	ī	
		Address	
	NORTH FORT MYERS ,	FL 33903	
		City/State and Zip Code	
	SHRIINVEST@GMAIL.C		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
UMESH PATEL		239 888 5163	
Name of Person			ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

엉

NARMADA, LLC		福. 是 有
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. mited Liability Company)	2
The Articles of Organization for this Limited Liability Com	pany were filed on JUL 17TH 2020	and a signed
Plorida document number L20000208156		30 of 1
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
NARMADA USA LLC		
he 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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 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
			□Add
			□Remove
			☐ Change
			Add
			[]Remove
			□Change
			□Add
			□Remove
			☐ Change
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f an effective date Note: If the da	if other than the districted, the date must e inserted in this bloctive date on the De	be specific and o ock does not me	cannot be prior to eet the applicat	date of filing or mole statutory filin	ore than 90 days afte g requirements, thi	i onal) r filing.) Pursuant to 605.0 is date will not be listed	0207 (d as t
		date, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of: (b	o) The 90th day after	the
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rd is filed. 7/24/202)	Signature of a m	RA		of a member		