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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|---|---|---|---|
| | Siddhi Swin | 111 H. T | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | | |
| | Carlos B. | Name of Person Firm/Company | |
| | 345 Gabriel Cir | APT 11 N Address | |
| | | Vaples. Plorida 341 City/State and Zip Code | 104 |
| | Iricance (E-mail address: (| c@gmail.com to be used for future annual report notifi | ication) |
| For further information c | oncerning this matter, please co | all: | |
| Jacob | Biceno. | at (<u>239</u>) <u>62801</u> Area Code Daytime | 00 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | S30.00 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 Addres Registration 1 Division of C | Section | Street Address: Registration Sec Division of Corp | |
| P.O. Box 632 | 27 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Siddhi Swin Intl LC |
|--|
| (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 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: Siddhi Swim LC 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 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
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| D. It ame | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effe <u>Note:</u> 1 | tive date, if other than the date of filing: |
| the record | 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 d. |
| Dated _ | Japa fai |
| | Signature of a member or authorized representative of a member A104 (Secara |
| | Typed or printed name of signee |