Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 :
		-

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GANESH RESTAURANT GROUP LLC

	AND REAL PROPERTY OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSO
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Fax: (850) 617-6383

Page: 2 of 4

10/26/2020 5:38 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000372376 3)))

27 FH 10: 35

GANESH RESTAURANT GROUP LU	C	
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		
Florida document number L20000292906	·	
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)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
-	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

From: Hector Rodriguez Fax: 18667677835 To: Sunbiz LLC Fax: (850) 617-6383 Page: 3 of 4 10/26/2020 5:38 PM

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 = M $AMBR = A$	lanager uthorized Member	(((H20000372376 3)))	
<u>Title</u>	Name	Address	Type of Action
AMBR	SAGAR REDDY	221 NAVARRE AVE	
		CORAL GABLES, FL 33134	Remove
			☐ Change
AMBR	MANINDER PAL SINGH	221 NAVARRE AVE	
		CORAL GABLES. FL 33134	□ Remove
			☐ Change
			□ Add
			□ Remove
			_ ☐ Change
			□ Add
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	OCTOBER 26, 2020	
ffective date, if other than th	e date of filing:	605.020
Note: If the date inserted in this b	lock does not meet the applicable statutory filing requirements, this date will not be	listed as
locument's effective date on the l	Department of State's records.	
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e record specifies a delaye The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on the ear	211101 0
the 90th day after the re	2014 15 11164.	
OCTOBER 26	2020	
Dated	·	
Claravana leul slav	astha	
Shravan unushr	Signature of a member or authorized representative of a member	

Fax: (850) 617-6383

Page: 4 of 4 10/26/2020 5:38 PM

From: Hector Rodriguez

Fax: 18667677835

To: Sunbiz LLC

Page 3 of 3

Typed or printed name of signec

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