L20000 296138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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. COVER LETTER

TO: Registration Se Division of Cor			
	INVESTMENTS		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dhanesh Balaraman		
	•	Name of Person	
		Firm/Company	
	9902 SPIECE BUSCH CO	URT	
		Address	
	TAMPA FL 33637		
	_	City/State and Zip Code	
	subhaminvestmentslle@gm	ail.com to be used for future annual report not	ification)
For further information of	concerning this matter, please co	-	,
Dhanesh Balaraman		813 3005493	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 1 Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUBHAM INVESTMENTS		
(Name of the Limited 1	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>is.</u>) ->
ĮA.	Florida Limited Liability Company)	E
The Articles of Organization for this Limited Liabi	ility Company were filed on 09/21/2020	282 and assigned
Florida document number L20000296138	원 ^교 의 2 177	
Piorida document number	 •	
This amendment is submitted to amend the following	E E E	
A. If amending name, enter the new name of th	c limited liability company here:	: 12
SUBHAM INVESTMENTS LLC		. •
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE <u>A POST OFFICE BO</u>	0.00	
B. If amending the registered agent and/or regi		the name of the new register
agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	t.
	, FI	lorida
·	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
			Remove
			☐ Change
			□Remove
			[iChange
			□Add
			□Change
			□Remove
			□Add
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fective date, if othe in effective date is listed,	the date must be specif	fic and cannot be pri	ior to date of filing o	or more than 90 day	s after filing.) Pursuan	nt 10 605,0207
ote: If the date inserte cument's effective da	ed in this block does	not meet the app.	licable statutory f	iling requirement	s, this date will not	be listed as
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ecord specifies a delay	yed effective date, bi	it not an effective	rume, at 12:01 a.	m. on the earner	or. (o) The soul d	my after the
October 21st		2020				
		,	_ ·			
	Signature		nthorized representa	>		