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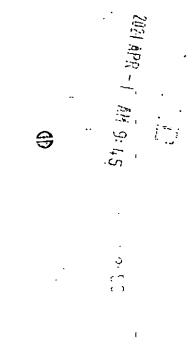
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The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		N	ARMADABEN PATEL	
			Name of Person	
			AAYUSH ONE LLCLC	
			Firm/Company	
			131 TOSCAVILLA BLVD	
			Address	
			NOKOMIS FL 34275	
			City/State and Zip Code	
		E mul addeass	17stbp@gmail.com to be used for future annual report not	
For furth	er information (concerning this matter, please c	·	neation)
		ABEN PATEL	941 9294066	
	Name	of Person	at ()Area Code Daytin	te Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 APR -1 AH 9: 45 AAYUSH ONE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12-09-2020 The Articles of Organization for this Limited Liability Company were filed on and assigned L20000385445 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AAYUSH ONE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 415 57TH AVE EAST Enter new principal offices address, if applicable: BRANDON FL 34203 (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.

Ĉitv

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:

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