L21000019303

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





700369206387

07/01/21--01013--010 **25.00

7/23/2

COVER LETTER

TO: Registration Se Division of Con			
	AS GROUP, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ankush Gulati		
		Name of Person	
		Firm/Company	
	12400 Palomino Lane		
		Address	
	Fort Myers, FL 33912		
		City/State and Zip Code	
	docagulatri@gmail.com	to be used for future annual report not	
For further information c	n-man address: (oncerning this matter, please c	·	meation
Ankus Gulati		239 410-9000 at ()	
Name o	of Person	Area Code Daytin	ne 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 \$tatus & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	etion
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, i	11, 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIMALAYAS GROUP, LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears on our records.) Hity Company)	
The Articles of Organization for this Limited I Torida document number 1.2100019303	Jability Company we	re filed on January 6, 2021	and assigned
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability C		
Inter new principal offices address, if appli	cable:	3227 LE BI	-VI)
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	UNIT 5 LEHIGH ACKES	FL 3397
inter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		·
3. If amending the registered agent and/or gent and/or the new registered office addre	**	ress on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:	Ankush Gulati		9
New Registered Office Address:	12400 Palomino La	- · · · · · · · · · · · · · · · · · · ·	* **
	Fort Myers	Emer Florida street address, Florida	33912
		Cin	Zin 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 aná 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

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
Ambl	NIJAL SHEM	UNITS, LEMIGH ACKES 19 33971	D.vdd
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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			∏Change

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<u>ote:</u> If the date it	other than the date listed, the date must be sp nserted in this block do we date on the Departr	oes not meet the app	dicable statutory filin	(optiona fore than 90 days after filing g requirements, this da	l) ng.) Pursuant to 605 0207 (te will not be listed as t
record specifies a lis filed.	delayed effective date	e, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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		J <u>`Y</u> \/_!"	_ <u>'' </u>		
	Signa	ture of a member or at	uhorizeu repřesentativo N	of a member	

Filing Fee: \$25.00