L21000073927

(Re	questor's Name)				
(Ad	dress)					
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PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Do	ocument Number	·)				
Certified Copies	_ Certificate	es of Status				
Special Instructions to Filing Officer:						
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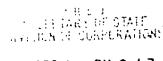
COVER LETTER

TO: Registration Se Division of Cor			-				
SUBJECT: NAAN BO	OTI CHAISHAILLC						
SUBJECT. IVALUE		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:					
	MEHREEN FAYYAZ						
		Name of Person					
	NAAN BOTI CHAI SHA						
		Firm/Company					
	908 22ND STREET SOU	ТН					
		Address					
	ST PETE, FL, 33712						
		City/State and Zip Code					
	mehreen7677@gmail.com E-mail address: (to be used for future annual report noti	fication)				
For further information of	oncerning this matter, please c	•	,				
	, , , , , , , , , , , , , , , , , , ,						
Mehreen Fayyaz	f Person	at (813) 2799296	- Talaskas Alaskas				
Name o	of Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,				
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Address:					
Registration S		Registration Section					
Division of C	corporations	Division of Cor	porations				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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NAAN BOTI CHAI SHAI LLC (Name of the Limited Liab) (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
-	Company were filed on FEBRU	JARY 12TH, 2021 and assigned
Florida document number L210000/392/	 ·	
(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 FEBRUARY 12TH, 2021 and assigned Florida document number L21000073927 This amendment is submitted to amend the following: 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" or the abbreviation "LLC." 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 registere agent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Florida		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mauric audies MAI BLAI OST OTTICL BOX)		
		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
		Elovido
	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

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

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	Title	Name	Address	Type of Action
\	AMBRIOWNER	MEHREEN FAYYAZ	908 22ND STREET S, ST PETE, FL 33712	\(\overline{\
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E. Effective of (If an effective Note: If the document's	e date is lis ie date ins	ted, the dat erted in th	e must be sp iis block de	ecific and oes not m	cannot be seet the ap	prior to date oplicable st	of filing or π atutory filin	ore than	90 days a	ptional) fter filing.) this date v	Pursuant to 60 vill not be lis	5.0207 (3)(b ted as the
If the record sperecord is filed.	ecifies a d	elayed eff	ective date	, but not	an effecti	ve time, at	12:01 a.m.	on the e	arlier of:	:(b) The	90th day aft	er the
Dated 1ST	`APRIL				2021		•					
-			Signa	ture of a	T NOT T		epresentative	of a mei	nber	. <u> </u>		
				(
-	MEHRE	EN FAYY	AZ		Typed or p	orinted name	e of signee		-			

Filing Fee: \$25.00