

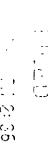
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
SUBJECT:	SATHYA	LLC				
SUBJECT:		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
	ondence concerning this matter	-				
	CARTHIK	AYANI SUGAN	ANDAM			
		Name of Person				
	SATHYA LLC					
		SATHYA LLC Firm/Company				
	# 16, Moor	# 16, MOONLIT TRAIL				
		Address				
	ST. AUGUS	TINE , PLORIDA	_ 32092			
		City/State and Zip Code				
	Jaxkarthic	a g mail. com	fication)			
For further information c	oncerning this matter, please co		incation,			
KARTHIKAYANI		at (904) 201 - 1926 Area Code Daytime Telephone Number				
Name of Person		Area Code Daytime	e 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S		Street Address: Registration Sec	ction			
Division of Corporations		Division of Cor	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327		ine Centre of 1	ananassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAÎHYA LLC

(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 April 15, 2021 and assigned Florida document number L 21000175331 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

<u>Title</u>	<u>Name</u>	<u>Ac</u>	<u>ldress</u>	Type of Action
MGR	KARTHILAYANI	SUGANANDAM_	#16, MOONLIT TRAIL	⊠Add
		<u>_</u>	St. AUGUSTINE, FLORIDA	□Remove
		_		□Change
	++			□Add
		_		Remove
				□Change
				□Add
		_	<u> </u>	□Remove
		_		□ Change
				□Add
		_	<u> </u>	□ Remove
				□Change
		_		Remove
			.:	. ∷ ∴ ∰Change - ✓
				□Add
				□Remove
				□Change

Typed or printed name of signee