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(Requestor's Name)				
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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THE STATE AND BEING

COVER LETTER

	Registration Se Division of Co				
CUD IF		SE RESEARCH LLC			
SUBJEC	·1;	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		NIRANJAN N BAPAT			
			Name of Person		
·		N.N. BAPAT			
			Firm/Company		
		318 SHARON GARDEN	СТ		
			Address		
		WOODBRIDGE NJ 07099			
		City/State and Zip Code			
		ranjanbapat@yahoo.com			
For furth	er information o	E-mail address: (concerning this matter, please c	City/State and Zip Code to be used for future annual report notification) all:		
RON BA	APAT		646 239-7643 TH 6		
••	Name (of Person	Area Code Daytime Telephone Number		
Enclosed	is a check for t	he following amount:			
≣ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre Registration Division of C	Section	Street Address: Registration Section Division of Corporations		
P.O. Box 6327		=	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability C (A Florida Lin	Company as It now appears on our nited Liability Company)	records.)
Liability Com	pany were filed on 04/15/2021	and assigned
lowing:		
of the limited	l liability company here:	
words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
icable:	N/A	
ET ADDRES	<u> </u>	
	N/A	: 83 : 3
(Mailing address MAY BE A POST OFFICE BOX)		
registered of	ffice address on our records,	enter the name of the new register
N/A		111
N/A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Enter Florida street	address
	Circ	, Florida Zip Code
	lowing: lowing: of the limited cable: ET ADDRES EBOX) registered of ess here: N/A	words "Limited Liability Company here: words "Limited Liability Company," the designation

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>	Address	Type of Action
MBR	INDEEP SINGH	4530 S ORANGE BLOSSOM TRAIL # 758	
		ORLANDO FL 32839	□Remove
			□Change
		-	□ Add
			□Remove
			□Change
			□Add
		-	· 12
31			Remove
			□Change
			□Add
			□Remove
			□Change
		_	□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

E:::... P... #35 A0

Signature of a member or authorized representative of a member

Typed or printed name of signee

SANDEEP SINGH