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COVER LETTER

TO: Registration S Division of Co			
DTO 7861	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	<u> </u>	
	HERMAN SINGH CPA		
		Name of Person	
	HERMAN SINGH & ASS	SOCIATES INC	
		Firm/Company	
	600 RINEHART RD SUIT	TE 2008	
		Address	
	LAKE MARY, FL 32746		
	SHERRY@HSTAXES.CO		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
HERMAN SINGH CPA		407 831-1399 at ()	
Name (of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
LC" or the abbreviation "L.L.C."
er the name of the new regist

ress
Florida 32801 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

<u>Title</u>	Name	Address	Type of Action
MGR	JAVED AJANI	59 N ORANGE AVE	□Add
		ORLANDO, FL 32801	≣Remove
			□ Change
AMBR	SHEZAD ISMAIL	53 N ORANGE AVE	
		ORLANDO FL 32801	Remove
			⊒ Change
			□Add
			□Remove
			□Change
			□Add
		<u>-</u>	□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

				
				
				
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	5/4/2021			
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: nust be specific and cannot be pr block does not meet the app	ior to date of filing or more the	(optional) in 90 days after filing.) Pursuant to 605.03 irrements, this date will not be listed	207 (3)(l as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective	e time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the	he
Dated MAY 4	2021			
Dated	——————————————————————————————————————			
		01		

Typed or printed name of signee