Division of Corporations

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Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054

Fax Number

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SECNE ARY OF STATE TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOUDHRY FEARLESS INVESTMENTS LLC

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TO: Registration Section

COVER LETTER

Division of	Corporations		
	DHRY FEARLESS INVESTMEN	ITS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sut	omitted for filing.	
Picase return ali corre	espondence concerning this matter	to the following:	
	Sarah Gulati, Esq.		
		Name of Person	
	Gulati Law, P.L.		
		Firm/Company	
	479 Montgomery Place		
		Address	
	Altamonte Springs, Florid	a 32714	
		City/State and Zip Code	
	rubi@gulatilaw.com		
For further information	B-mail sourcess: (on concerning this matter, please c	to be used for future summal report not all:	incation)
Sarab Gulati, Esq.		407 900-5054 at ()	
Nar	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
≅ \$ 25.00 Filing Fe	c S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Co	
		The Centre of	-
Tallahasse	e, FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

|--|

	ḿ-(õ	1
CHOUDHRY FEARLESS INVESTMENTS LLC	도우 -	70	111
(Name of the Limited Liability Company as it now annears on our records,)	$-\omega$		`_
(A Florida Limited Liability Company)	유지		
The Articles of Organization for this Limited Liability Company were filed on 05/14/2021 and assigned	DA A	26	
Florida document number L21000226070			

A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

Enter new principal offices address, if applicable:	8590 Sioux Trail	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, Florida 34747	
	8590 Sioux Trail	
Enter new mailing address, if applicable:		

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:

	Ctoy	Zip Code	
	Kissimmee	, Florida 34747	
	Enter Florida street address		
New Registered Office Address:	8590 Sioux Trail		
Name of New Registered Agent:	Peggy, Choudhry		

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

11/30/2021 09:59 (FAX) P.004/005

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

Title	Name	Address	Type of Action
AMBR	Peggy Choudhry	8590 Sioux Trail, Kissimmee, Florida 34747	□Add
			□ Remove
			□Add
			□ Remove
			☐ Change
			Remove
			Change
			DAdd
			□Remove
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			□Remove
			Change
			□Add
			□Remove
			Change

D. If amer	ading any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u>Note:</u> I docume	f the date inserted in this nt's effective date on the specifics a delayed effect	needate of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Probleck does not meet the applicable statutory filing requirements, this date with Department of State's records. tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	ll not be listed as the
Dated _	1.20		•
		Comme	202 אבני אבני
		Signature of a member or suthorized representative of a member	FILL SECINETARY SECINETARY
	Peggy Choudhry		17 (S.S.)
		Typed or printed name of signor	
			PH 1: 26 PH 1: 26 F STATE FLORIDA
		EU B 827 00	: 26 AIE RIDA
		Filing Fee: \$25.00	→ Ø

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