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## **COVER LETTER**

TO: Registration S Division of Co				
	VESTMENTS LLC .			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MINALI JAIN			
		Name of Person		-
				_
		Firm/Company		
	7708 BLUE QUAIL LN			2021 5.50
		Address		ALL
	ORLANDO, FL 32835			1
	minalijain@gmail.com	City/State and Zip Code		2021 AUG -4 AM 10: 23
	E-mail address: (	to be used for future annual report notif	ication)	2 23
For further information of	concerning this matter, please c	all:		;, <b></b>
MINALI JAIN		201 396-9579 at ( )		
Name (	of Person	Area Code Daytimo	: Telephone Number	r
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)	Certified	ite of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations	
Tallahassee,		2415 N. Monroe Tallahassee, FL	Street, Suite 8	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANSH INVESTMENTS LLC		
(Name of the Limited Liability Co) (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>N.</u> )
The Articles of Organization for this Limited Liability Comp.	any were filed on 06/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		· 3
Mailing address MAY BE A POST OFFICE BOX)		71, 23
3. If amending the registered agent and/or registered offi	ce address on our records, enter	the name of the new regis
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	y.
		orida
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MINALI JAIN	7708 BLUE QUAIL LN	Add
		ORLANDO, FL 32835	□Remove
			□ Change
AMBR	MINALI JAIN	7708 BLUE QUAIL LN	□Add
		ORLANDO, FL 32835	≣Remove
			□Change
AMBR	HITESH PATNI	7708 BLUE QUAIL LN	
		ORLANDO, FL 32835	■Remove
			2021 dhange ∏
MBR	MINALI JAIN	7708 BLUE QUAIL LN	E 1 - ■ Add
		ORLANDO, FL 32835	Remove
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MBR	HITESH PATNI	7708 BLUE QUAIL LN	■Add
		ORLANDO, FL 32835	□Remove
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<del> </del>					7-1		
					<u> </u>	AM 10: 2:	
Effective date, if other than the	date of filing:				optional)	S	
f an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo							
document's effective date on the De			ne signatory m	B requirement	, tim aute win	not be no	ACC GS
e record specifies a delayed effective d is filed.	date, but not an	effective tim	e, at 12:01 a.m	. on the earlier o	f: (b) The 90	th day aft	er the
Dated JULY 28		2021					
	· -	116.	din	)			
				e of a member			

Typed or printed name of signee