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Certified Copies Certificates of Status	ĺ
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	O INDUS INVESTMENTS LLO	С	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VENKAT PUSKUR		
	<del></del>	Name of Person	<del></del>
	BREVRAD INDUS INVE	STMENTS LLC	
		Firm/Company	
	2348 CITADEL WAY, SU	JITE 103	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MELBOURNE, FL 32940		
		City/State and Zip Code	
	VENP@OUTLOOK.COM	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	•	<del></del>
	oncerning this matter, prease of		
VENKAT PUSKUR	A.D.	at ()	Telephone Number
Name o	f Person	Area Code Daytime	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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	ss: Section	Street Address: Registration Sec	tion

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number L21000305446		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		3
		- ·
Enter new mailing address, if applicable:		***
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	<b>a</b>
<del></del>	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our redords:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIHAAN PUSKUR	2348 CITADEL WAY, SUITE 103	
		MELBOURNE, FL 32940	□Remove
			Change
MGR	SHRUTI PUSKUR	2348 CITADEL WAY, SUITE 103	<b>=</b> Add
		MELBOURNE, FL 32940	□Remove
			Change
		<u></u>	□ Add
			□ Remove
			□Add
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