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	ty/State/Zip/Phone	
(Cil	ty/State/Zip/F110He	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Conjes	Cartificator	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor			
	Aisha LLC		•	,
SUBJ	ECT:		nited Liability Company	
The er	sclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Ravi Pankajkumar		
			Name of Person	
		Aisha LLC		
			Firm/Company	
		11678 Golden Lake Lane		
			Address	
		Jacksonville		
		ravi.pankajkumar90@gmail	City/State and Zip Code .com	
		E-mail address: (to be used for future annual report noti-	ication)
For fu	rther information o	oncerning this matter, please ca	all:	
Ravi P	ankajkumar		239 233-3219	
	Name o	f Person	at ()	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
¾ \$2	5.00 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number 1.21000327767	ed on 7/19/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
	262
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	CO Committee
	SER SER D
3. If amending the registered agent and/or registered office address of	on our records, enter the name of the new regis
gent and/or the new registered office address here:	L. 60
Name of New Registered Agent:	
New Registered Office Address:	
	inter Florida street address
	, Florida
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 records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anmol Rajvanshi	1242 S Ridgewood Ave	
		Daytona Beach, FL 32114	
			■Remove
			□Change
MGR	Manish Rajvanshi	1242 S Ridgewood Ave	
			Æ Add
		Daytona Beach, FL 32114	
			□Remove
			□Change
			□ Add
			□Change
		·	□ Add
		***	□ Петюче
			□Change
			□Add
			□Remove
			CINCHOVE
			□ Change
			□ Add
			□Remove
			□Change

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fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this blocument's effective date on the D	OUR GOES INSTITUCE THE ADDITE	anic statutory tituov mourement	optional) safter filing.) Pursuant to 605.0207 s, this date will not be listed as
record specifies a delayed effectivis filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier of	of; (b) The 90th day after the
November 25	2021		
nted		<u> </u>	
D. 1	W.		
Kan La	Signature of a member or autho	rized representative of a member	