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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations			
	AADI PRO	PERTIES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MURALI NAIR			
			Name of Person		
		AADI PROPERTIES LLC			
			Firm/Company		202
		10510 MARTINIQUE ISL	E DRIVE	ند. غرز د. مد	70331114 SECKET
			Address	<del></del>	: i
		TAMPA , FL 33647			
			City/State and Zip Code		in the second se
		CMDNAIR@GMAIL.COM			- 1
		E-mail address: (	to be used for future annual report noti-	fication)	
For further in	nformation co	oncerning this matter, please ca	all:		
MURALIN	AIR		813 7867279		
	Name of	Person		e Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>■</b> \$25.00 l	filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Re Div P.C	iling Addres gistration S vision of C ). Box 632 llahassee, F	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<b>^١</b> .	٠١	17		1	n	١,	'[	1.	r				t			١.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/14/2021 \_\_\_\_ and assigned Florida document number L21000449757 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	ARCHANA NAIR	10510 MARTINIQUE ISLE DRIVE	<b>=</b> Add
		TAMPA, FL 33647	□Remove
			□Change
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te: If the da	, if other than e is listed, the date te inserted in thi ective date on th	s block does	not meet the ap	pplicable statut	iling or more than tory filing requi	(optio 90 days after rements, this	filing.) P	fursuant to 605.0
ecord specific s filed.	es a delayed effe	ctive date, b	ut not an effecti	ive time, at 12:	01 a.m. on the o	arlier of: (b	) The '	90th day after
ted May 1.st			. 2023		Don	)		
		Signatur			eschiative of a me			
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