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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** -

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALASHIRWAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMEUX

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Help

AUG 10 2023

TO:

Registration Section

COVER'LETTER

Division of Cor	rporations				
SA R ASHII SUBJ E CT:	RWAD LLÇ				
SUBJECT:	Name of Lin	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:			
	SANJOY K SAHA				
		Name of Person	 		
	SALASHIRWAD LLC				
		Firm/Company	·····		
	2758 N UNIVERSITY DR				
	Address				
	SUNRISE, FL 33322				
		City/State and Zip Code			
	AIMET@EXPRESSTAXS	VCS.COM to be used for future annual report notific	ations		
For further information c	oncerning this matter, please c	·			
SANJOY K SAHA		908 943-6134			
Name o	f Person	at ()	Telephone Number		
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)	 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 		
<u>MailingAddres</u> Registration S		<u>StreetAddress:</u> Registration Secti	on		
Division of C	ornorations	Division of Corne	rations		

P.O. Box 6327

Tallahassee, Fl. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALASHIRWAD LLC			
(Name of the Lin	ited Liability Comp (A Florida Limited	BRY as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L21000530449	Liability Company	were filed on 12/17/2021	andassigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "I.I.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2758 N UNIVERSITY DR	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	SUNRISE, FL 33322	
Enter new mailing address, if applicable:		2758 N UNIVERSITY DR	
(Mailing address MAY BE A POST OFFICE	(BOX)	SUNRISE, FL 33322	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the na	me of the new registere
	too nere.		
Name of New Registered Agent:	SANJOY K SA	AHA	ا ق
New Registered Office Address:	2758 N UNIVE	ERSITY DR	Ϋ́
		Enter Florida street address	57
	SUNRISE	Florida 3	3322
		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.

Sangoy Saha

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	SANTOSH SHETTY	16252 SW 14TH STREET	□Add
		PEMBROKE PINES, FL 33027	≡ Remove
			□ Change
AMBR	SANJOY K SAHA	2758 N UNIVERSITY DR	= Add
		SUNRISE, FL 33322	□Remove
AMBR	SAYED M KAMAL	2758 N UNIVERSITY DR	≣ Add
		SUNRISE, FL 33322	□ Remove
		·	□Change
AMBR	ARIFUL HAQUE	2758 N UNIVERSITY DR	≣Add
		SUNRISE, FL 33322	□Remove
			□Change
AMBR	MOHAMMED M AL RIYAD	2758 N UNIVERSITY DR	≅ Add
		SUNRISE, FL 33322	□Remove
			□Change
AMBR	MOHAMMED S HASAN	2758 N UNIVERSITY DR	■Add
		SUNRISE, FL 33322	□Remove
			□('hanve

Effective date, if other than the date of filing: (Uptional) (Up				
Effective date, if other than the date of filing: (Optional) (If an effective date, if listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to A05,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12 (01 a.m. on the earlier of; (b). The 90th day after the ord is filed. Dated AUGUST 109 2023 Surjey Saka Signature of August and authorized representative of a member				
Effective date, if other than the date of filing: (Optional) (If an effective date, if listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to A05,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12 (01 a.m. on the earlier of; (b). The 90th day after the ord is filed. Dated AUGUST 109 2023 Surjey Saka Signature of August and authorized representative of a member				
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A CONTRACT - 2011-101	SANION SAHA			