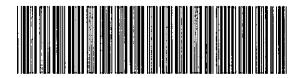
L22000040504

(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Con				
	SHYAM LLC		•	
SUBJECT:	Name of Lim	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:		
	JYOTI V PATEL			
		Name of Person		
	RADHEY SHYAM LLC			
		Firm/Company	 	
	13925 DESTIN BEACH I	.ANE		
		Address		
	ORLANDO, FL 32827			
		City/State and Zip Code		
	THESTORE6551@gmail.c		· · · · · ·	
		to be used for future annual	report notification)	
For further information c	concerning this matter, please e	all:		
NISARG PATEL		321 423 at ()	3-9143	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Fitting Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &	
Mailing Addres	ss:	Street Ad	ldress:	
Registration Section		Registra	Registration Section	
Division of C	-		of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RADHEY SHYAM LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r hability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 01/21/2022	and assigned
Florida document number L.22000040504		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		2022 SED 16
		<u> </u>
		-9 -9 -9 -9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>e</u>	111
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	7.0	, 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 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
AMBR	PATEL, JYOTI V	13925 DESTIN BEACH LANE	□Add
		ORLANDO, FL 32827	■Remove
AMBR AARYAVISHA LLC	AARYAVISHA LLC	13925 DESTIN BEACH LANE	= Add
		ORLANDO, FL 32827	□Remove
			□ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
	_		□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: [Coptional] [Coptional]
the reco	rd 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 led.
Dated	12/01 2022
	Janti Patel Signature of member or authorized representative of a member
	Typti Pate) Typed or printed name of signee

Filing Fee: \$25.00