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06/24/22--01018--024 **25.00



A. BUTLER SEP 17 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INDERSKOT BILAN Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INDERSYOT AHARATH	
INDER JYOT BHARATH	
3(11 Daphin Dr Sebring, FL 338	7c
Sepring, FL, 33870	
City/State and Zip Code SOUND CHARDON (Correction) E-mail address: (to be used terruture annual report notification)	
information concerning this matter, please call: $649 - 7834$	
<u>ELSYS BHARATH</u> at (<u>863</u>), <u>HH9-7834</u> Name of Person Davime Telephone Number	

Enclosed is a check for the following amount:

🖸 \$25.00 Filing Fee

For further

□ \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES U	F AMENDMEN TO		
ADTICLES OF	- TO F ORGANIZATI		
ARTICLES OF	OKGANIZATI OF	IUN	
<u>INDESTIC</u> BIT AU (<u>Name of the Limited Liability Con</u> (A Florida Limited	RATH mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{-3000}$ $\underline{41348}$.	any were filed on <u></u>	5/4/2022 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	iability company here		
The new name must be distinguishable and contain the words "Limited Lin	iability Company," the desi	gnation "LLC" or the abbreviation "L	1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our ree	ords, <u>enter the name of the ne</u>	<u>w registered</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
		Florida	<u> </u>
	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Ad</u>	ldress		Type of Action
MGR	INDERJYG	BHARATH _	3611 1701	phm Dr, sebring	1 2 2 Kidd
		_			🗆 Remove
					□Change
AMBR	TNDGE-54G	BHARATA 3611	Dolphin	Dr. serving, A.	138-70 Add
		_			🗆 Remove
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	·				🗆 Add
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					□ Change

Page	2	of	3
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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tive date, if other th ffective date is listed, the		<u> </u>	1411	\				

If 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 record is filed.

Dated 65 Signature of member of authorized representative of a member NDERSYUT Ħ, ß

Typed or printed name of signee

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Filing Fee: \$25.00