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Special Instructions to F	iling Officer:	

Office Use Only



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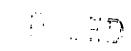


C/ 8/7/2023

COVER LETTER

TO:	Registration Se Division of Cor				
C1:D11		KSHI KUTTY LLC			i
SUBJI		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		RON HIESTAND			
			Name of Person	1	- ;
		ISOURCE TAX AND AC	COUNTING		
			Firm/Company	,	
		1532 LAND O LAKES BI	LVD SUITE C		
			Address		· · · · · · · · · · · · · · · · · · ·
		LUTZ, FL 33549			
			City/State and Zip C	Code	·
		RONHIESTAND@GMAIL			j
			to be used for future ar	nnual report notific	cation)
For fur	ther information co	oncerning this matter, please c	all:		,
RON I	HIESTAND		863 at (602 1977	
	Name o	f Person	Area Code	Daytime '	Telephone Number
Enclos	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Reg Div Tho 241	et Address: gistration Sect vision of Corp c Centre of Ta 5 N. Monroe lahassee, FL 1	orations Hahassee Ștreet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JUN 22 AM 7: 54 SAI KAMAKSHI KUTTY LLC (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 NOV 10 2022 _ and assigned Florida document number L22000483972 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cirv 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:

Ţ

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHOCKALING, PERIAKARUPP	10261 ESTUARY DRIVE, TAMPA FL	□Add
			Remove
		1195 FIELDSTONE CIR	□Change
AMBR	CHOCKALINGAM,PERIAKARU ? ? ? **	OVIEDO, FL 32765	= Add
			□Remove
		1373 HEAVENLY COVE	□Change
AMB R	CHOCK, KANNAN	WINTER PARK, FL 327	92 ■ Add
			□Remove
		<u>.</u>	□Change
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (white: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. Tecord 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 dis filed. JUNE 17, 2023 [JUNE 17, 2023] Signature of a member of authorized representative of a member VALLIAMAI PICHAPPAN		
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Filing Fee: \$25.00