## L23000180366

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## **COVER LETTER**

Division of Cor	porations		
THE GAN	ESH GROUP CONSULTANTS	S LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandon Ganesh		
	<del></del>	Name of Person	
	THE GANESH GROUP C	CONSULTANTS LLC	
		Firm/Company	<del></del>
	7855 Burlwood Lane		
		Address	
	Lake Worth Ft. 33467		
		City/State and Zip Code	<del></del>
	brandonganesh@yahoo.con		
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Brandon Ganesh		561 635-9719	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$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)

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TO: Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GANESH GROUP CONSULTANTS LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.23000180366	ny were filed on	023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbre	viation "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 agent and/or the new registered office address here:	e address on our recor	ds, enter the name o	SEP T.  All D  Sthe new registered
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agen	City :	Florida	Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capa te performance of my a s provided for in Chap	duties, and I am fan ter 605, F.S. Or, if .	niliar with and this document is

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	Brandon Ganesh	7855 Burlwood Lane, Lake Worth Fl. 33467	≣Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
	<del></del>		
			□Remove
			Change
		🗆 Add	
		<del></del>	□Remove
		□Change	
			🗆 Add
			□Remove
			Change

o. II amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	the date, if other than the date of filing:
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 d.
Dated _	
	A. Comert
	Signature of a member or authorized representative of a member
	Ancivew Garesh Typed or printed name of signee

 $(\mathbf{x}_{i}, \mathbf{x}_{i}, \mathbf{x$