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COVER LETTER

TO:

Registration Section

Division of Corporations ISHAAN SJELORIDA INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SURESHKUMAR RAJU RUDRARAJU Name of Person ISHAAN SJELORIDA INVESTMENTS LLC Firm/Company 18815 ALDER GLEN DR Address LUTZ.FL.33558 City/State and Zip Code risharealty@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SURESHKUMAR RAJU RUDRARAJU 727 469 3489 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISHAAN SJELORIDA INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/05/2023 The Articles of Organization for this Limited Liability Company were filed on $^{''}$ and assigned 1,23000271499 Florida document number 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

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.

City

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>	<u>Address</u>	Type of Action
MGR	MADHAVI KOSURI	18815 ALDER GLEN DR, LUTZ, FL 33558	
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