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TALLAHASSUE, FLORIDA

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COVER LETTER

	Registration Sec Division of Corp			
	Metro Livin	g LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
201		Amendment and fee(s) are subt	nitted for filing	
		ndence concerning this matter t		
r icase rei	turn an correspon	indence concerning this matter.		
		Thiyagarajan Venkatesan		
			Name of Person	
		Metro Living LLC		
			Firm Company	
		5417 Calder Dr		
			Address	
		72 16 h	City/State and Zip Code	
		Tallahussee, FL 32317 E-mail address: (to be used for future annual re	port notification)
For furth	er information e	oncerning this matter, please ca	ill:	
Thiyaga	rajan Venkatesai	1	925 623-	7042
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	Lis a check for th	he following amount:		
€ \$25.	.00 Filing Fee	[ZI \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificate of Status &
	Mailing Address Registration		Street Ad Rogistra	dress: tion Section
	Division of C	Corporations	Divisior	of Corporations
	P.O. Box 632 Tallahassee,			tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Living LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number 1.23000335213	ompany were filed on <u>07/14/202</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records Enter Florida sire	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co-accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my du yent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if 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>	Name	Address	Type of Action
			□Add
			<u></u>
			□Change
			□Add
			□ Remove
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		organization a member of authorized representative of a member
THIYAGARASAN VENKATESAN		Typed or printed name of signee

Filing Fee: \$25.00