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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GULATI LAW Account Number : I20130000014 Phone

Fax Number

: (407)900-5054 : (407)517-4931

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADD AGENCY, LLC

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NOTHELD 2023 K. Brumble)

COVER LETTER

TO:	Registration Se Division of Cor			
eum re		NCY, LLC.		
SUBJE	<u></u>	Name of Litt	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		SARAH GULATI, ESQ.		
			Name of Person	
		GULATI LAW, P.L.		
			Firm/Company	
		479 MONTGOMERY PL	ACE	
			Address	
		ALTAMONTE SPRINGS	FLORIDA 32714	
		 	City/State and Zip Code	<u>, </u>
		OFFICE@GULATILAW.C		
		E-mail address: (to be used for future annual report not	fication)
For furth	her information o	oncerning this matter, please c	all:	
SARAH	I GULATI, ESQ		407 900-5054 at ()	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations	
	P.O. Box 632	27	The Centre of	
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADD AGENCY, LLC.				
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	mpany were filed on 09	/11/2023	and assign	ned
Florida document number L23000422019	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	ed liability company h	ere:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or the s	bbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<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 of agent and/or the new registered office address here:	office address on our re	ecords, enter the nan	ne of the new re	egiste
The state of the s		_	20	
Name of New Registered Agent:		;	23 x	
			<u> </u>	ר:
New Registered Office Address:	Enter Flor	da street address		<u>= </u>
	Differ I for			50
	City	, Florida	· · · Zip Códe	

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.

11/13/2023 17:37 (FAX) P.004/005

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
MGRM	DHRUV JOSHI	479 MONTGOMERY PLACE	DAdd
		ALTAMONTE SPRINGS, FLORIDA 32714	≅R¢то∨е
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ective date, if other than the	late of filing:			(antional)	
fective date, if other than the one effective date is listed, the date must	be specific and cannot be	prior to date of file	ng or more than 90 day	s after filing.) Pursuant to 60	5.02
ite: If the date inserted in this blocument's effective date on the De	or does not meet me a partment of State's rec	ppiicable statuto ords.	ry filing requiremen	is, this date will not be lis	ted
cord specifies a delayed effective	date, but not an effect	ive time, at 12:0	t a.m. on the earlier	of: (b) The 90th day after	er tl
is filed.					
Nt. 1 - 50	2023				
, November /tn					
November 7th	,	·			
ted November /th	,	ahi:			
ted	,	Au authorized repress	entative of a member		

Flling Fee: \$25.00