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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Susanna Kumar LLC 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:
Susamma Kumar Name of Person
Susamma Kumar LLC Firm/Company
7544 NW 50th Court, Coral Springs, FL Address 33067
Coral Springs, FL 33067 eity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernise Venter 954-340-5310
Name of Person Law Office of Sasha Katz
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & } \text{ \$55.00 Filing Fee & } \text{ \$60.00 Filing Fee, } \text{ \$60.00 Filing Fee, } \text{ \$Certificate of Status & } \text{ \$Certified Copy (additional copy is enclosed)} \text{ \$Certified Copy (additional copy is enclosed)}

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

TO TAPLED
2023 SEP 13 AN 10: 14
AN 10: 14

Susann	na Kumar 1	LC	***/O:
(Name of the Limited	Linbility Company as it now an Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liab Florida document number		9/11/123	and assigned
This amendment is submitted to amend the follow	ing		
A. If amending name, enter the new name of the Sugamma Ku. The new name must be distinguishable and contain the work	mar LLC		ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: <u>n/a</u>	- stay as	tomos ei
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	av.		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	; ; [
B. If amending the registered agent and/or reg agent and/or the new registered office address	intered office address on o here:	ur records, enter the i	name of the new registered
Name of New Registered Agent:	Susamma	Kumar	•
New Registered Office Address:	Ente	r Florida street address	
	City	, Florida	Zip Code

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 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
MGR	Susamma Kumar		□Add
all	other info stays some		□Remove
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fective date, if other in effective date is listed, to ote: If the date inserted cument's effective date	d in this block does	not meet the app	licable statutory fill	(option 90 days after ing requirements, this	ntal) Hing.) Pursuant to 605.020 date will not be listed a
	ed effective date, bu	it not an effectiv	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after th
record specifies a delay is filed. ated <u>Septemb</u>	oe 13th	<u>, aoa</u>	<u>3</u> .		
is filed.	September 1	Pp 13, 7023 [0:10			

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