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COVER LETTER

Registration Section TO:

UBJECT: MAA	Name of Limited Liability Company			
he enclosed Articl	es of Amendment and fee(s) are submitted for filing.			
lease return all cor	respondence concerning this matter to the following:			
	Jayesh Shah			
	Name of Person			
	MAA Santoshi Trading LLC			
	Firm/Company			
	2348 Symphony Circle			
	Address			
	St Cloud Florida 34771			
	City/State and Zip Code			
	JAYESH2@OPTONLINE.NET			
	E-mail address: (to be used for future annual report notification)			
For further information	tion concerning this matter, please call:			
Dave Long	801 205-1320 at ()			
N	ame of Person Area Code Daytime Telephone Numb			

Enclosed is a check for the 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)

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 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.	MAA SANTOSHI TRADING LLO					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: Na New Registered Office Address: NA	(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: NA Name of New Registered Agent: NA NA New Registered Office Address: NA		iability Company	were filed on 9/18/202	3	_ and assi	gned
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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: NA	Enter new mailing address, if applicable:	NA		733 725	5	
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Name of New Registered Agent: New Registered Office Address: NA NA NA						7:39
New Registered Office Address: NA NA			address on our record	s, enter the name o	of the new	registere
New Registered Office Address:	Name of New Registered Agent:	NA				
Enter Florida street address	New Pagistarad Office Address:	NA				
	New Registered Office Address.		Enter Florida str	eet address		
Florida				Florida		
			City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ancept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document	provisions of all statutes relative to the prop	per and complete	e performance of my d	uties, and I am fan	niliar with	h and

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 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
AMBR	Bhavna Shah	2348 Symphony Circle	≣Add
		St Cloud, FL. 34771	□Remove
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□ Петоче
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 record is filed. October 11 Dated PRESENTING TAYESH SHAH

Filing Fee: \$25.00

Typed or printed name of signee

David Long representing Jayesh Shah managing member