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(Rec	questor's Name)	
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COVER LETTER

TO:	Registration S Division of Co			
CHID LEA		IDYA LLC		
SUBJEC	-I; <u> </u>	Name of Lim	ited Liability Company	 -
		Amendment and fee(s) are sub	-	
		Arthur R. Rosenberg		
			Name of Person	^-
		Arthur R. Rosenberg P.A.		
			Firm/Company	
		6499 North Powerline Roa	ad, Suite 304,	
			Address	
		Fort Lauderdale, Florida 3	3309	
			City/State and Zip Code	
		arr@arrosenberg.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information o	concerning this matter, please ca	all:	
Arthur F	t. Rosenberg P.	A .	954 772-5151, ext	302
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for t	he 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

OM SREVIDYA LLC

2024, " 11 711 7: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number <u>L24000159645</u>	y Company were filed on APRIL 3, 2024	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter tl</u> E	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zıp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMB	BISHWA HANG RAI	545 NW 151st Street	= Add
		Miami, Florida 33169	□Remove
			□Change
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			Change

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