L060000 96186

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Number
(Document Number)
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Registration Section TO: Division of Corporations

2019 HAR -5 AH 10: 47

TECKETARY & CIVIC BOLLAHAS SEE, FLORES

SUBJECT: _____

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:

		RAJ KONDUPARTHI		
		Name of Person		
	SUNSHINE CONSULTING LLC			
		Firm/Company		
	305 EAST DR, SUITE L.			
	Address			
	MELBOURNE, FL-32904			
	City/State and Zip Code			
	rajkonduparthi@sunshineconsulting.net			
	E-mail address: (to be used for future annual report notifi	ication)	
For further information co	neerning this matter, please c	alt:		
RAJ KONDUPARTH	I	321 289-5301/73	2-801-7308	
Name of	Person		Telephone Number	
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
OF 2019 MAR -5 AM 10: 47

SCOFETARY WE CLUST FAT LAPASSEE, FLORED

SUNSHINE CONSULTING LLC

(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 Con	mpany were filed on	and assigned
Florida document number L06000096186	··*	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SYMMETRIZE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	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. Name of New Registered Agent:		r records, enter the name of the ne
New Registered Office Address:	Enter Florida s	treet address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Chap	duties, and I am familiar with and ster 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
		<u></u>	Change
			□ Remove
			Change
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			Change
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	01 March 2019
-	, ()
-	V_{l}

Page 3 of 3

Filing Fee: \$25.00