

L10000002155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

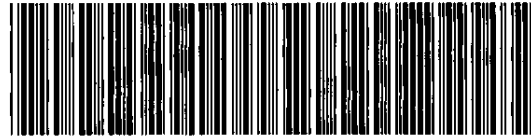
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 13 2010

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: OHM VENTURES, 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:

VENKAT VATTIKUTI  
Name of Person

OHM VENTURES, LLC  
Firm/Company

12735 N 57TH STREET  
Address

TAMPA, FL 33617  
City/State and Zip Code

ohmventures@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Venkat Vattikuti at ( 813 ) 506-3435  
Name of Person Area Code & Daytime Telephone Number

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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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OHM VENTURES, 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 Company were filed on 01/07/2010 and assigned  
Florida document number L10000002155.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)**

OHM VENTURES, LLC

12735 N 57TH STREET

TAMPA, FL 33617

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

OHM VENTURES, LLC

12735 N 57TH STREET

TAMPA, FL 33617

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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:

VENKAT VATTIKUTI

New Registered Office Address:

12735 N 57TH STREET

*Enter Florida street address*

TAMPA

*City*

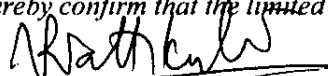
, Florida

33617

*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 608, 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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HARIPRIYA EDARA	850 IVES DAIRY ROAD MIAMI, FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VENKAT VATTIKUTI	12735 N 57TH STREET TAMPA, FL 33617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 27, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 HARIPRIYA EDARA  
 \_\_\_\_\_  
 Typed or printed name of signee