

LIC 000010142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

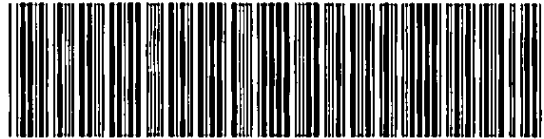
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -6 AM 10:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAI LEARNING CENTER, 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:

VEENU GUPTA
Name of Person

ALOHA
Firm/Company

20107 STILL WIND DR.
Address

TAMPA FL 33647
City/State and Zip Code

newtampa@aloha-usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VEENU GUPTA at (813) 661-6283
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (PAID) \$35 CHECK

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 05 PM 12:00

June 5, 2020

VEENU GUPTA
20107 STILL WIND DRIVE
TAMPA, FL 33647

SUBJECT: SAI LEARNING CENTER, LLC
Ref. Number: L10000010142

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

All changes must be made on the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 320A00011157

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

SAI LEARNING CENTER, LLC

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

2010 JUN -6 AM 10:22

The Articles of Organization for this Limited Liability Company were filed on 01/27/2010 and assigned Florida document number L10000010142

This amendment is submitted to amend the following:

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

N/A

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)

8913 REGENTS PARK DR.
UNIT 610
TAMPA FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20107 STILL WIND DR
TAMPA FL 33647

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:

VEENU GUPTA

New Registered Office Address:

20107 STILL WIND DR.

Enter Florida street address

TAMPA

City

Florida

33647

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.

Veenu Gupta

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	VEENU GUPTA	20107 STILL WIND DR	<input checked="" type="checkbox"/> Add
		TAMPA FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	NAGASRINIVASUL VALLAMKONDU	4219 TRUMPWORTH COURT	<input type="checkbox"/> Add
		VALRICO FL	<input checked="" type="checkbox"/> Remove
		33596	<input type="checkbox"/> Change
MGMR	RAMADEVI KAMISSETTY	4219 TRUMPWORTH COURT	<input type="checkbox"/> Add
		VALRICO FL	<input checked="" type="checkbox"/> Remove
		33596	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

(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)

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.

Dated JUNE 30th, 2020

Veenu Gupta

Signature of a member or authorized representative of a member

VEENU GUPTA

Typed or printed name of signee