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COVER LETTER

	AN LAND HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
lease return all correspo	ndence concerning this matter	to the foilowing:	
	DAVID BYCK		
	~ 	Name of Person	
	BYCK FINANCIAL SER	VICES INC	
		Firm/Company	
	8461 LAKE WORTH RD	STE 242	
		Address	
	LAKE WORTH, FL 3340	67	
		City/State and Zip Code	
	JJBYCK@MSN.COM	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	,	
DAVID BYCK		561 350-9278	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he following amoun::		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 323C.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRINIVASAN LAND HOLDINGS LLC

Name of the Limited Liability Com (A Florida Limite	pany as It now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number10000031975	ny were filed on <u>J-23-2010</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		01VI 18
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Hd 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 Sil
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		cords, enter the name of the ne
**ew Registered Office Address:	Enter Florida street	address
		. Florida
	City	Zip Coc.
New Registered Agent's Signature, if changing Registered Agen	<u>r.</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my dutic s provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Ct	nanging Registered Agent, <u>Sign</u>	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Memoer

<u> l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAYA DEEPTI SRINIVASAN	130 HICK ST APT 2D	
		SROOKLYN, NY 11201	
			□ Change
MGR	JAYANTHI SRINIVASAN	554 NORMANDY CT	Add
		PITTSBURGH. PA 15238	□ Remove
			☐ Change
MGR ———	NISHA SRINIVASAN	1535 BELLEVUE AVE	
		APT 206	!∃ Remove
		SEATTLE. WA 98125	Cnang
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ctive date, if other than the defective date is listed, the date must	be specific and cannot be prior t			ng.) Pursuant to 605.02
If the date inserted in this blocument's effective date on the Det		ble statutory filing	requirements. this da	te will not be listed
ecord specifies a delayed	effective date, but not	an effective tir	ne. at 12:01 a.m	. on the earlier
e 90th day after the reco	rd is filed.		•	
II IN IT 44	2040			
JUNE 11 d	2018 			
	1 0	1 - 7	0	
	Signature of a member or autho	rized representative o	f a member	

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Filing Fee: \$25.00