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COVER LETTER

TO:				
er in re				
SUBJE.	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn ali correspon	ndence concerning this matter t	to the following:	
		SARAVANA BHAVA		
		SACHILLC	Name of Person	
	Nume of Person SACHI LLC Firm/Company 9406 CAVENDISH DRIVE Address TAMPA, FL 33626 City/State and Zip Code PATTYPHAVA@GMAIL.COM E-mail address: (to be used for ficture annual report notification) rther information concerning this matter, please call: AVANA BHAVA Name of Person Area Code Daytime Telephone Number sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enciosed) Certified Copy			
Firm/Company 9406 CAVENDISH DRIVE Address TAMPA, FL 33626 City/State and Zip Code PATTYPHAVA@GMAIL.COM	·			
			COM	ing Fee & S60.00 Filing Fee, Copy Certificate of Status &
		E-mail address: (t	o be used for fifture annual report notific	
For furt	her information co	ncerning this matter, please ca	all:	
SARAV			at ()	
	Name of	Person	Area Code Daytime	l'elephone Number
Enclose	d is a check for the	e following amount:		
≅ \$ 25	.00 Filing Fec		Cenified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

SACHI LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
ne Articles of Organization for this Limited Liability Co	ompany were filed on JAN 26 2019	and assigned
orida document number L13000127547		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
ne new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· -
Principal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or regist		nter the name of the
egistered agent and/or the new registered office addr	ess nere:	15
		S 2 3
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Florid	la <u>'</u> '
	City	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.

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>	Type of Action
MGR	CHITRA KANAGARAJ	9406 CAVENDISH DRIVE, TAMPA,FL 33626	= Add
			☐ Remove
			Change
MGR	SHRISHA SARAVANA	9406 CAVENDISH DRIVE, TAMPA, FL	■ Add
			□ Remove
			Change
			Remove
			□ Change
			□- R emove
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ective date, if other than the	date of filing:		(4	optional)	
cffective date is listed, the date must	t be specific and cannot b	e prior to date of filing	or more than 90 days	after filing.) P	ursuant to 605.020°
te: If the date inserted in this blo cument's effective date on the De	partment of State's re	cords.	ming requirements.	, this date wi	ii not be fisted as
record specifies a delayed he 90th day after the reco	effective date, but ord is filed.	ut not an effectiv	ve time, at 12:0)1 a.m. on	the earlier o
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ed <u>SEP 30</u>	2019	·			19 0(
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	/ //				(3)
	Signatura he a mander -	r muthorized -	stive of a manh a		 :
	Signature of a member of	or authorized representa	ative of a member	TO STATE OF THE ST	= T

Page 3 of 3

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