13000145920

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Homosassa CK 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:

Pavan Pediredla

Name of Person

Homosassa CK LLC

Firm/Company

9907 Tree Tops Lake Road

Address

Tampa FL 33626

City/State and Zip Code

apsoilfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pavan Pediredla

_{#/}813 \504-0002

Name of Person

Area Code

Daytime Telephone Number

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

Homosassa Ck LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L13000145920	npany were filed on 10/16/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	三名 子
(Principal office address MUST BE A STREET ADDRE.	SS)	三百名 卫
		9% b
		## E 6
Enter new mailing address, if applicable:		9 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address** Pavan Pedirredla **MGRM** 9907 Tree Tops Lake Road **■** Add Tampa FL 33626 ☐ Remove 1 Cather Court Srinivas Maddali MGRM □ Add Ledgewood NJ 07852 ■ Remove Ç

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Filing Fee: \$25.00