114000020590

(Requestor's Name)
(Address)
(Address)
(11111111111111111111111111111111111111
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bessinelli Hamber,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: Mas	ala 111		
2011.11.11.20100	Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Deborah N	fendith EA Name of Person	
	Business C	ontrol Survice /r	1C
	3925 S. N	ova Rd Ste I_	
	Port Orange bcs a. bus	FL 32127 City/State and Zip Code WUS SCO 12 TO 1 Se Loc used for future annual report notif	ini Ce-ne+
For further information co	oncerning this matter, please ca	all:	
Deborah N	lered; th, EA	at (386) 760-5 Area Code Daytime	5454
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/H 0000 20590</u> .	y were filed on (2/06/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the ab	breviation, "L.L. &, "
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
			-
			= = 1.
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation ter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the natistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florada street address Florida City W Registered Agent's Signature, if changing Registered Agent: we reby accept the appointment as registered agent and agree to act in this capacity. I further agree to a systions of all statutes relative to the proper and complete performance of my duties, and I am familia expr the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this implany has been notified in writing of this change.	 		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
registered agent and/or the new registered office address he Name of New Registered Agent:	<u>re</u> :		the name of the nev
	Enter Flori	da street address	
		Florida	
	·		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	e performance of a provided for in C	my duties, and Lam j hapter 605, F.S. Or,	familiar with and if this document is
If Ch.	anging Registered Ag	ent, <u>Signature of New Re</u>	egistered 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>	Address	Type of Action
MGR	Sriniyasarao foman	581 Beville Rd #509	D Add
		581 Beville Rd #509 South Dayfona, F132119	Remove
			Change
MGR	Sekhara Reddy Mukkara	581 Beville Rd #509	X Add
	·	581 Beville Rd #509 South Daytona, F232119	Remove
			Change
			Add
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m effective date ote: If the dat	if other than the date of filing:	ing or more than 90 days after filing.) Pursuant to 605	5.020 ed a
	cifies a delayed effective date, but not an effective attention and effective date, but not an effective date date, but not an effective date, but not an effective date date date.	ctive time, at 12:01 a.m. on the earli	er (
nted _ 7/2	M. SREWY Signature of a member or authorized repres		
	Signature of a member or authorized repres		
		antatura of a mambar	

Page 3 of 3

Filing Fee: \$25.00