(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
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(Doc	ument Number)	
(1000)	ament Number)	
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K. SALY EXAMINER SEP - 9 2014

## **COVER LETTER**

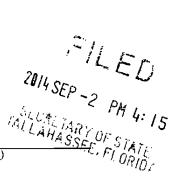
TO: Registration Sec Division of Corp			
SALC	CAPITAL LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Chandra S C	Gundapalli	
		Name of Person	<del></del>
	Sai Capital L	LC.	
		Firm/Company	<del></del>
	9 Owens Dri	ve	
		Address	<del></del>
	Monroe Tow	nship, NJ 08831	
		City/State and Zip Code	
	gundlapalli@gma	ail.com to be used for future annual report notifi	cation)
For further information or	oncerning this matter, please ca		Canony
	shoering this matter prease of		225
Maria	f Person	at ( <u>561</u> ) 784-36	Telephone Number
Name o	i rerson	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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



Sai Capital LLC

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

The Articles of Organization for this Limited Liab	oility Company were fi	led on 06/25/2014	and assigned
Florida document number L14000101805	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability co	mpany here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Cor	ipany," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or	registered office a	tdress on our record	s, enter the name of the new
registered agent and/or the new registered office		intess on our record	.,
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres	)S
		, FI	orida Zip Code
	Cit		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
l hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete perfor ered agent as provide gistered office addre	mance of my duties, ared for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	If Changing D	raictored Agent Signature	of Now Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Venkataramana Pakeeru	2 Tall Oaks Drive	<b>■</b> Add
		Monroe Township, NJ 08	8831   Remove
			Add
			Remove
<del></del>			20 LAHP OR PH 4: 15
			Paremove Strong Paremove
			Remove
•			
			Add
			☐ Remove
			Add
			□ Remove

amending any other mormation, en	ter change(s) here: (Attach additional sheets, if necessor
	1000
ective date, if other than the date of effective date must be specific, cannot be prior date this document is filed by the Florida Depr	or to date of receipt or filed date and cannot be more than 90 days after
ed August 29th	2014
	· Molanha
Signature	e of a member or authorized representative of a member
Ravi Mohanka	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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