

L15000057732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

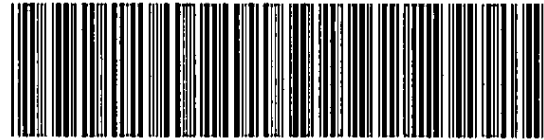
(Business Entity Name)

(Document Number)

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06/23/21--01008--005 **25.00

2021 JUN 23 AM 7:16

O SIMMC
JUL 20 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kalasa SE, 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:

Dawn Tottel

Name of Person

Kalasa SE, LLC

Firm/Company

1609 SW 17th Street, Suite 200

Address

Ocala, FL 34471

City/State and Zip Code

cheri@lorvenheart.com

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

For further information concerning this matter, please call:

Dawn Tottel

352 843-8577

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

2021 JUN 23 AM 7:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kuchakulla N Reddy	1627 SW 1st Ave	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Ocala, FL 34471	<input checked="" type="checkbox"/> Change
MGR	Kavitha Reddy	1609 SW 17th St	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Ocala, FL 34471	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 17, 2021

Signature of a member or authorized representative of a member

Kavitha Reddy

Typed or printed name of signee

Filing Fee: \$25.00