L15000087641

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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APR 0 6 2020 S. YOUNG

COVER LETTER

Registration Section

TO:

Divisio	on of Corp	oorations		
	RLPARTI	NERS.LLC	•	
SUBJECT:	<u>.</u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	<u>-</u>	
		GOVINDARAJU RUDRA	PATNA	
			Name of Person	
		RELIANCE CONSULTIN	itted for filing. the following: ATNA Name of Person LLC Firm/Company Address City/State and Zip Code M be used for future annual report notification)	
			Firm/Company	
		13940 N.DALE MABRY		
			Address	
		TAMPA, FLORIDA-33618	8	
			City/State and Zip Code	
		RAJU@RELIANCECPA.C		
			-	tification)
For further infor	rmation co	ncerning this matter, please ca	all:	
GOVINDARA.	IU RUDR.	APATNA		
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filit	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Regis Divisi P.O. I	3ox 6327	ection orporations	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020

SIRI PARTNERS,LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	S ID W
The Articles of Organization for this Limited Liability Cor	mpany were filed on MAY18,2015	Tagand ssigned
Florida document number L15000087647		8: 06
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
SRICHAKRA LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🖸 Remove
			Change
			□Remove
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change

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