

9/23/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000236904 3)))



H160002369043ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Office@gulati-law.com

2016 SEP 23 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5THELEMENT INDIAN CATERING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 26 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STHELEMENT INDIAN CATERING, 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:

Sarah Gulati, Esq.

Name of Person

Gulati Law, P.L.

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

Office@GulatiLaw.com

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

For further information concerning this matter, please call:

Sarah Gulati, Esq.

at (407)

900-5054

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**

5THELEMENT INDIAN CATERING, LLC

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

**FILED**  
**2016 SEP 23 AM 9:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 11/16/2015 and assigned  
Florida document number L15000193160.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**Florida**

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KOTESWARA RAO PUTIKAM	479 Montgomery Place	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VENKATA RAMA ayyala	11845 Fitchwood Circle	<input type="checkbox"/> Add
		Jacksonville, FL32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VENKATA RAMANA AYYALA	479 Montgomery Place	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL. 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 SEP 23 AM 9:38  
 FILED  
 CLERK OF DISTRICT COURT  
 TAMPA, FLORIDA

6/13/2016

license 001.jpg

D. In attaching any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for additional information or changes.

FILED  
2016 SEP 23 AM 9:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

F. 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 68B.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:  
(p) The 90th day after the record is filed.

Dated: 06/08/2016

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Sridhar Sannala  
\_\_\_\_\_  
Typed or printed name of signer