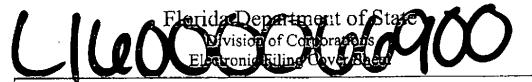
Division of Corporations



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To: Division of Corporations : (850)617-6383 Fax Number 1: From: Account Name : GULATI LAW Account Number : I20130000014 : (407)900-5054 Phone 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:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAI SRK INVESTMENTS, LLC

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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SAI SR	k investments, llc	, <b>"</b>	
30D0EC1:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please renim all corre	espondence concerning this matter	to the following;	
	Sarah Gulati, Esq.		
		Name of Person	<del></del>
	GULATI LAW, P.L.		
		Firm/Company	
	479 Montgomery Place		
		Address	
	Altamonte Springs, Florida	a 32714	
	Office@GulatiLaw.com	City/State and Zip Code	
	_	to be used for future annual report not	ification)
For further informatio	n concerning this matter, please ca	all:	
Sarah Gulati, Esq.		407 900-5054	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 Audiding
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

sai srk investments, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	or records.)
The Articles of Organization for this Limited Liability Company	y were filed on <u>06/02/20</u>	and assigned
Florida document number L16000066900		
This amendment is submitted to amend the following:	ra.	
A. If amending name, enter the new name of the limited list	bility company here:	
The new name must be distinguishable and contain the words "Limited Lieb	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
		P2
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	F	
		• •-•
Enter new malling address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9
Trapping and out of the second		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address has	office address on our <u>re</u> :	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	w. 	, Florida
<del></del>	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>	Name	Address	Type of Action
AMBR	KONDA, SUBBAREDDY	479 Montgomery Place	DAdd
		Altamonte Springs, Florida32714	
		e <del>d</del> So	☐ Change
AMBR	Uma Sri Devi Konda	479 Montgmery Place	⊒ Add
		Altamtonte Springs, Florida 32714	□ Remove
			[I] Change
			D Add
			☐ Remove
			[] Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Change
			□ GAdd
	·		C Remove
			□ Change
			☐ Add
			Remove
			Change

Signature of a member or authorized representative of a member  Subbareddy Konds	amending any other informs	ation, enter change(s) herc: (Att	ach additional sheets, if l	necessary.)
ate: If the date inserted in this block does not meet the applicance statutory filing requirements, this date with not be inserted becoment's effective date on the Department of State's records.  Percord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.  Signature of a member or authorized representative of a member.  Subbareddy Konds				· · · · · · · · · · · · · · · · · · ·
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