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TALLAHASSEE, FLOGIO

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	DKSS LLC			
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		SATHIYAN NATESAN		
			Name of Person	
		DKSS LLC		
			Firm/Company	
		129 TAYLOR RIDGE AV	ENUE	1
			Address	HAR AN
		PONTE VEDRA, FL 3208	1	17 HAR 20 PM 1: 03
			City/State and Zip Code	PZ
		realtorsathiyan@gmail.com	to be used for future annual report notif	icetion)
For furth	ner information co	oncerning this matter, please ca	-	(Cation)
SATHI	YAN NATESAN		210 6498282	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	l is a check for th	e 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)
	MAILI	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DKSS LLC				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on or la Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability (Company were filed on 05/23/20	16	and assigne	ed
Florida document number L16000099886	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
NATESAN SATHIYAN LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designat	ion "LLC" or the abbrev	iation "L.L.C.	,,
Enter new principal offices address, if applicable:			سور	- 1
	DECC)		1	
(Principal office address MUST BE A STREET ADD	<u>KESS)</u>		THE STATE OF THE S	2 m
		· · · · · · · · · · · · · · · · · · ·		53
			20	語学
Enter new mailing address, if applicable:	 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
			ය	, Orr
B. If amending the registered agent and/or regis		records, enter the	name of t	he nev
registered agent and/or the new registered office add	dress here:			
Name of New Registered Agent:				
New Registered Office Address:				
110W 100gistered Office Fiduress.	Enter Florida stre	eet 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		 	☐ Change
			Add
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	t be specific and cannot be prior to date ock does not meet the applicable sta	of filing or more than 90 days after filing.) Pu atutory filing requirements, this date wil	
the record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on	the earlier of:
Dated	07:00 AM		
	, \		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00