

L17000063883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF

O. SIMMONS

OCT 05 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHREEDA 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:

MANIK CHAMVIRTHY  
Name of Person

SHREEDA LLC  
Firm/Company

10210 THURSTON GROVES BLVD  
Address

SEMINOLE FL 33778-3820  
City/State and Zip Code

MICHAMVIRTHY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANIK CHAMVIRTHY at (727) 647-3950  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SHREEDA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/20/2017 and assigned  
Florida document number L17000063883.

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:

MANIK CHAMARTNY

New Registered Office Address:

10210 THURSTON GROVES BLVD.

Enter Florida street address

SEMINOLE

Florida

33778

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	VENUGOPAL CHIDARALA	21153 WALKLEY HILL PL.	<input checked="" type="checkbox"/> Add
		ASHBURN VA 20148	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NAVEEN VAVILALA	3702 BRICES FORD CT.	<input checked="" type="checkbox"/> Add
		FAIRFAX VA 22033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAVIK CHAMARTHY	10210 THURSTON GROVES BLVD.	<input type="checkbox"/> Add
		SEMINOLE FL 33778	<input type="checkbox"/> Remove
			<input checked="" 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

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PH 1:45  
SIGN  
Add  
Remove  
Change  
Add

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CINCINNATI, OHIO

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17 OCT - 4 PM 1:15  
DIVISION OF REVENUE

(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.

Dated 10 - 1, 2017

Mark Chuby

Signature of a member or authorized representative of a member

MANIK CHAMARTNY

Typed or printed name of signee