

**L17000084600**

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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D. SCOTT  
MAY 3 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I - TEK CONSULTANTS 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:

KALYANA SINGAMALA  
Name of Person

I - TEK CONSULTANTS LLC  
Firm/Company

1600 NW 128th Dr apt 203  
Address

Sunrise, FL 33323  
City/State and Zip Code

Skalyanc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kalyana Singamala at (813) 820-8544  
Name of Person Area Code Daytime Telephone Number

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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**

I-TEK CONSULTANTS 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 April 17, 2017 and assigned Florida document number L17000084600

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)

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**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:

RADHIKA SINHAMALA

New Registered Office Address:

1600 NW 128<sup>th</sup> Dr. apt 203

Enter Florida street address

Sunrise  
City

Florida

33323  
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.*

*Radika Chawanthi*

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	Kalyana Singamala		<input type="checkbox"/> Add
		1600 NW 128 <sup>th</sup> Dr apt 203, Sunrise, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kalyana Singamala		<input type="checkbox"/> Add
		1600 NW 128 <sup>th</sup> Dr apt 203, Sunrise, FL, 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Radhika Singamala	1600 NW 128 <sup>th</sup> Dr apt 203, Sunrise, FL, 33323	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Radhika Singamala	1600 NW 128 <sup>th</sup> Dr apt 203, Sunrise, FL, 33323	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

S. Kuyumcu  
Signature of a member or authorized representative of a member

Kalyana Singamala  
Typed or printed name of signee

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