

L17000193280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

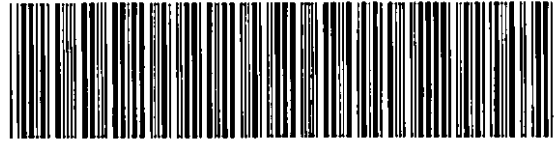
(Document Number)

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18 AUG 23 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

AUG 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2018

SHRI SIDDHIVINAYAKA FOODS, LLC  
VIJAYNEDER SANGOMOLABHOJI  
16105 COLCHESTER PALMS DR.  
TAMPA, FL 33647

SUBJECT: SHRI SIDDHIVINAYAKA FOODS, LLC  
Ref. Number: L17000193280

We have received your document for SHRI SIDDHIVINAYAKA FOODS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 718A00016567



REC

018 AUG 23 PM 9:25

PAID  
RECEIVED  
CLARK

To

Date: 08/21/2018

Registration Section  
Division of Corporations

This Vijayneder Sangomola Bhoji President of Shri Siddhivinayaka foods,LLC assigned document number L17000193280. We are just changing the office and mailing address of the company and removing one of the partner name from the company registration as mentioned in the Articles of Amendment page 2 document. The registered agent is the same. Below are the details of Registered agent name and address.

United States Corporation Agent Inc  
13303 Winding Oak Court  
Tampa Florida

Thank you  
Vijay Sangomola

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHRI SIDDHIVINAYAKA FOODS, 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:

Vijayneder Sangomola Bhoji  
Name of Person

SHRI SIDDHIVINAYAKA FOODS, LLC  
Firm/Company

16105 Colchester Palms Dr,  
Address

Tampa Florida - 33647  
City/State and Zip Code

vijjureddy.s@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijay Sangomola at ( 618 ) 303-5505  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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

SHRI SIDDHIVINAYAKA FOODS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 18, 2017 and assigned Florida document number h 17000193280

This amendment is submitted to amend the following:

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

SHRI SIDDHIVINAYAKA FOODS, limited liability company

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)

16105 COLCHESTER PALM DR  
TAMPA FL-33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16105 COLCHESTER PALM DR  
TAMPA FL-33647

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

City, Florida 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>
AMBR	VIJAYNEDER SANGHOMOLA BHAI	16105 Colchester Palms Dr	<input checked="" type="checkbox"/> Add
		Tampa FL-33647	<input type="checkbox"/> Remove
		Change of Address (above is the new address)	<input checked="" type="checkbox"/> Change
AMBR	HARSHA BODDAM	11606 Orange Palm Way	<input type="checkbox"/> Add
		Tampa FL-33626	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

E. 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 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.

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 08/06/2018

Vijayendra B.

Signature of a member or authorized representative of a member

VIJAYNEDER SANGOMOLA BHOTI

Typed or printed name of signee