

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

LI9000052155

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
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: Office@GulatiLaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAI KRIPA HOLDINGS, LLC

Certificate of Status	0
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2020 MAR 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 20 PM 4:36

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MAR 23 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAI KRIPA HOLDINGS, 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:

Sarah Gulati

Name of Person

Gulati Law, P.L.

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, Florida

City/State and Zip Code

Office@gulatilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati

at (407) 900-5054

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAI KRIPA HOLDINGS, 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 02-21-2019 and assigned
Florida document number L19000052155

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

479 Montgomery Place

Altamonte Springs, Florida 32714

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

479 Montgomery Place

Altamonte Springs, Florida 32714

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:

Gulati Law, P.L.

New Registered Office Address:

479 Montgomery Place

Enter Florida street address

Altamonte Springs

Florida 32714

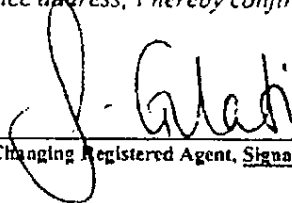
City

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>
MGRM	MAMTA LULLA	479 Montgomery Place	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	SUNIL L. CHHUGANI	479 Montgomery Place	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
ALLIANCE, FLORIDA

2020 MAR 20 AM 9:07

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific.)

(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 deadline, the filing is not timely.

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 03/20/2020

Signature of a member or authorized representative of a member

SUNIL L. CHHUGANI

Typed or printed name of signee