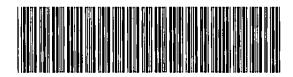
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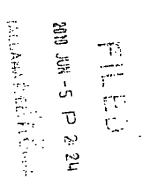
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
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COVER LETTER

	ision of Corp			
SUBJECT:	Change of o	wnership Sudha Consultants	LLC	
		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please returi	ı all correspon	dence concerning this matter t	o the following:	
		Sudha Yalamanchili		
		Sudha Consultants LLC	Name of Person	
		 .	Firm/Company	
		8527 Portage Ave	Address	
		Tampa, FL - 33647	Address	
		kris4444@yahoo.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	nformation co	neerning this matter, please ca	11:	
Sudha Cons	ultants LLC	Sudha Yalamanchili	11: at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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

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

Sudha Consultants LLC			
(Name of the Limi	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany) 10 JUN -5 P 2: 24	
The Articles of Organization for this Limited Elorida document numberL19000060140	,	289 JUN -5 P 2: 24	
The Articles of Organization for this Limited L	iability Company were file	ed on 01 March 2019	_ and assigned
Florida document numberL19000060140	·	inclanasoll filmench	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	ipany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE			·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and	d/or registered office add	dress on our records, <u>enter th</u>	ne name of the n
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	Sudha Yalamanchili		
New Registered Office Address:	8527 Portage Ave		
	···	Enter Florida street address	
	Tampa	, Florida ³³⁶⁴	7
	Cim	, 1 101144	Zin 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.

f 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>	Address	Type of Action
AMBR	Krishna Vellanki		
THION		8527 Portage Ave	
		Tampa, FL-33647	Remove
			☐ Change
mgr	Sudha Yalamanchili	8527 Portage Ave Tampa, FL-33647	■ Add
			∧uu
			Remove
			Change
			
			Remove
			☐ Change
			Add
			Remove
		·	Change
			Remove
			Add
			Remove
			Change

	nding any other information	m, enter enange(s) ner	c. (mach dadinon	ar sneets, ij necessary.)	
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(If an effect Note: 1:	re date, if other than the date tive date is listed, the date must be f the date inserted in this block int's effective date on the Department.	e specific and cannot be prior c does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pu equirements, this date wil	irsuant to 605.0207 (I not be listed as t
the reco) The 9	ord specifies a delayed e 90th day after the record	ffective date, but no d is filed.	ot an effective tim	ne, at 12:01 a.m. on	the earlier of:
Dated _	31 May	2019	·		
	Sid	gnature of a member or auth	Marlei prized representative of	a member	<u>_</u>
		member of a member of aum	orized representative of	a member	
	Krishna Vellanki	T.m.J.	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00