

20000022652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

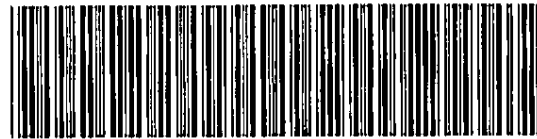
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -3 PM 2:45

DEPARTMENT OF STATE
DIVISION OF CORPORATION
ATLANTA, GEORGIA

FEB 29 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMA MAHESWARA 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:

RAMYA DAMARAPATI

Name of Person

UMA MAHESWARA LLC

Firm/Company

10119 HAWK STORM AVE

Address

TAMPA / FLORIDA - 33610

City/State and Zip Code

GODAVARITAMPA@GMAIL.COM

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

For further information concerning this matter, please call:

RAMYA DAMARAPATI

Name of Person

at (984)

Area Code

292-2128

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2020 FEB -3 PM 2:45
CLERK OF COURT
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALL ANNESS, FLORIDA

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	SAI RITHVIK REDDY ALLA	10119 HAWK STORM AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA - 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAHI REDDY KOTHAMARAM	10119 HAWK STORM AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA - 33610	<input 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.

D. Ramya
Signature of a member or authorized representative of a member

RAMYA DAMARAPATI
Typed or printed name of signee

Filing Fee: \$25.00