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COVER LETTER

· TO:

CUDICAT.	ELINT I	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VANI YERR	AMSHETTY Name of Person	
	Sches of Amendment and fee(s) are submitted for filing. Some of Limited Liability Company Sches of Amendment and fee(s) are submitted for filing. Some of Person FLINT LLC Firm/Company 6260 English Hallow Rd Address Tampa, FL 32647 City/State and Zip Code Van: Yerramchetty & Tami: Cam E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Area Code Some of Person Daytime Telephone Number Ste for the following amount: Fee S30.00 Filing Fee & Certificat Copy (additional copy is enclosed) Address: Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Street Address: The Centre of Tallahassee		
	ELINT LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: VANI YERRAMS HETTY Name of Person ELINT LLC Firm/Company 6260 English Hollow Rd Address Tampe, FL 32647 City/State and Zip Code Vani Yerramchetty & g mil. Com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Vani Yerramchetty at (678 907 6340 Name of Person Area Code Daystime Telephone Number s a check for the following amount: Dilling Fee Sol.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) failing Address: egistration Section Privision of Corporations Street Address: Registration Section Division of Corporations		
	Division of Corporations CT: FUNT LLC Name of Limited Liability Company And SHETTY Name of Person ELNT LLC Firm/Company 6260 English Hellm Rd Address Tampa FL 32647 City/State and Zip Code Van' Herranchetty Mail (Sum E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Van Yerranchetty Name of Person Area Code Objecting Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		
			SW (fication)
For further information c	oncerning this matter, please c	all:	
Vani	Yerramchetty		5 3 40
Name o	r r cison	Arti Code Dayini	te retephone runnoci
Enclosed is a check for the	ne following amount:		
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	ed Liability Company a A Florida Limited Liabi	s it now appears on ou	r records <u>.</u>)	
The Articles of Organization for this Limited Li	ability Company wer	re filed on <u>Jau</u>	22, 2020	_ and assigned
Florida document number <u>L200000</u>	-8422			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability (Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applications	able:		======================================	202
(Principal office address MUST BE A STREE			DRC PACE	0 •••
	_			†
			!	- i7
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE I	<u> </u>			<u></u>
	_			
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:			
Name of New Registered Agent:	Vani Yer	rramshetty		
New Registered Office Address:	6260 Ex	ramshetty rapish Hol Enter Florida stre	et address	
	Tam	City	Florida <u>33</u>	Zin Code
New Registered Agent's Signature, if changing b				

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>	Address	Type of Action
MGR	DAVID B JANAU	6260 English Hollow Rd	□Add
		Tampa, FL-32647	⊠ Remove
			[] Change
			□ A dd
			□Remove
			□Change
			□Add
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