

h21 0000 86076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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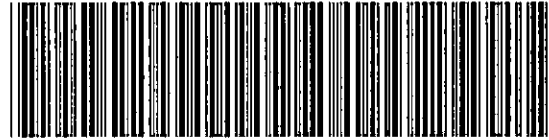
(Business Entity Name)

(Document Number)

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S. CHATHAM

SEP 30 2022

FILED  
STATE OF NEW YORK  
DIVISION OF CORPORATIONS  
22 JUL -1 PM 3:21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PROCESS AUTOMATION SYSTEM SOLUTIONS ML 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:

VASANTHA K CHELLAMMA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2341 MCGEE CT

\_\_\_\_\_  
Address

WESTLAND, MICHIGAN 48186

\_\_\_\_\_  
City/State and Zip Code

panirudhanprem@gmail.com

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

For further information concerning this matter, please call:

PRASANTH ANIRUDHAN PREMKUMAR

734

925-3344

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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	PRASANTH ANIRUDHAN PREM	10105 WESTSIDE PKWY #123	<input type="checkbox"/> Add
		ALPHARETTA	<input checked="" type="checkbox"/> Remove
		GA 30009	<input type="checkbox"/> Change
AMBR	VASANTHA K CHELLAMMA	2341 MCGEE CT	<input checked="" type="checkbox"/> Add
		WESTLAND	<input type="checkbox"/> Remove
		MICHIGAN 48186	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 JUL 2011  
SECTION 100  
DIVISION OF  
COMMUNITY  
DEVELOPMENT

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

FILED  
DIVISION OF CRIMINAL JUSTICE  
22 JUL -1 PM 3:21

**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 JUNE 16, 2022

Signature of a member or authorized representative of a member

VASANTHA K CHELLAMMA

Typed or printed name of signee