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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

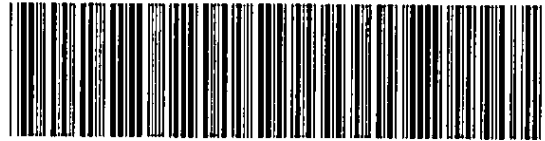
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11/30/21

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11/02/21--01019--007 **30.00

FILED
2021 NOV 30 PM 5:10
SECRETARY OF STATE
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 30 PM 10:44

November 12, 2021

SRI LAKSHMI VENKATESWARA LLC
20405 CAROLINA CHERRY CT
TAMPA, FL 33647

SUBJECT: SRI LAKSHMI VENKATESWARA LLC
Ref. Number: L21000132618

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please choose ONLY (1) individual to become the registered agent.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 121A00027559

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SRI LAKSHMI VENKATESWARA 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:

VENKATA SIVARAMA K TELAPROLU

Name of Person

Firm/Company

20405 CAROLINA CHERRY CT

Address

TAMPA, FL 33647

City/State and Zip Code

srilakshmivenkateswarallc@gmail.com

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

For further information concerning this matter, please call:

Venkata Sivarama K Telaprolu

201 716-9166
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

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

FILED

2021 NOV 30 PM 5:10

SRI LAKSHMI VENKATESWARA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/22/2021 and assigned
Florida document number L21000132618.

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 "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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>
MGR	SUNDARAM KANAKARAJAN	7841 TUSCANY WOODS DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	UDHAYA K GANESAN	20124 NOB OAK AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAI GANESH KUMAR CHANDR	19517 WHISPERING BROOK DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUMAN KUMAR CHEVURU	18205 BRIDLE CLUB DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SRIKANTH GUBBA	9615 ORANGE JASMINE WAY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAHUL HAMEED	11529 CEDAR VALLY DR	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input type="checkbox"/> Remove

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>
MGR	CHANDRA SEKHAR ALLA	20116 BLUE DAZE AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEVAANBU SUBRAMANIAN	20129 OAKFLOWER AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. Adding eight new members to the existing LLC

2. Updating LLC new email id "srilakshmivenkateswarallc@gmail.com"

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 26 November 2021



Signature of a member or authorized representative of a member

VENKATA SIVARAMA K TELAPROLU

Typed or printed name of signee