h21 000260896

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COVER LETTER

TO:

Registration Section
Division of Corporations

SREEVE	N LLC		
30B0ECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANAND KUMAR PITL	A	
		Name of Person	
	SREEVEN LLC		
		Firm/Company	
	1854 NORWOOD CT UN	NIT 3	
		Address	
	FORT WALTON BEACH	I, FL 32548	
	_	City/State and Zip Code	
	mksanand407@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
ANAND KUMAR PITLA		850 779-7375 at ()	
Name of Person			Telephone Number
Enclosed is a check for th	ne following amount;		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, i	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SREEVEN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/04/2021 and assigned Florida document number ____L21000260896 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 Fegis agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	SHREEPAL R PARIKH	112 THAMES PLACE NW	= Add
		FT WALTON BEACH, FL 32548	□Remove
			□Change
			Dadd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Change.

										
										
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Effective date, fan effective date Note: If the da document's effe	is listed, the da te inserted in t	te must be spec his block doe:	rific and c es not me	cannot be p	olicable sta	f filing or mo tutory filing	ore than 90 da grequireme	_(optiona nys after filin nts. this da	ng.) Pursuant ti	o 605.0207 (: listed as t
e record specific d is filed.	s a delayed ef	fective date, b	out not a	ın effectiv	e time, at 1	2:01 a.m. o	n the earlie	r of: (b)	The 90th day	after the
		AUGUS ²	T 02	2022)				
Dated										
Dated		7		1		V				