

h21 000264354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

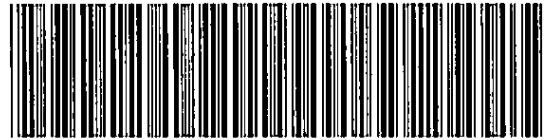
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 14 AM 11:24

0-1-ED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SRISAI 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:

Rajesh Kumar Rajendran

Name of Person

SRISAI LLC

Firm/Company

9022 Westbay Blvd

Address

Tampa FL 33615

City/State and Zip Code

undavalli@gmail.com

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

For further information concerning this matter, please call:

Prasad Undavalli

812
at ()

581-0707

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

2011 JUN 14 AM 11:24

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	Vara Prasad N Undavalli	1180 Coinbow Ln	<input checked="" type="checkbox"/> Add
		Myrtle Beach SC 29579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rajarajan Thirunavukkarasu	204 Elshur Way	<input checked="" type="checkbox"/> Add
		Morrisville, NC 27560	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2671 MAY 14 AM: 21

(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.

Signature of a member or authorized representative

Rajesh Kumar Rajendran

Typed or printed name of signee

Filing Fee: \$25.00