## 121000274739

| (Requ                      | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Addr                      | ess)            |             |
| (Addr                      | ess)            |             |
| (City/:                    | State/Zip/Phone | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nar | me)         |
| (Docu                      | ument Number)   |             |
| Certified Copies           | Certificates    | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |

Office Use Only



500371932945

08/23/21--01013--010 \*\*25.00



Contract

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT: SRI                     | BALAJI IN                       | JVESTMENTS ( ded Liability Company                         | 2 CR 210 LLC                           |
|----------------------------------|---------------------------------|--|--|
|                                  |                                 |  |  |
| The enclosed Articles of An      | nendment and fee(s) are subn    | nitted for filing.   |  |
| Please return all correspond     | ence concerning this matter to  | o the following:   |  |
|                                  |                                 |  |  |
|                                  | UPENDER                         | REDDY RA   | TNAM                                   |
|                                  |                                 | Name of Person   |  |
|                                  |                                 |  |  |
|                                  | ·                               | Firm/Company   |  |
|                                  | 10303                           | SILVERBROOK  | TRL                                    |
|                                  |                                 | Address  |  |
|                                  | TAUKSONV                        | THE FL 3   | 32256                                  |
|                                  |                                 | City/State and Zip Code                                    | -                                      |
|                                  | E-mail address: (to             | be used for future annual report notif                     | ication)                               |
| For further information cond     | cerning this matter, please cal | 11:  |  |
| 1100000000                       | FOOL RATIO                      | na (20 775   | 9000                                   |
| Name of Pe                       | CEUDT WHINA                     | <u>M</u> at ( <u>609</u> ) <u>775</u><br>Area Code Daytime | Telephone Number                       |
|                                  |                                 |  |  |
| Enclosed is a check for the t    | following amount:               |  |  |
| \$25.00 Filing Fee               | □ \$30.00 Filing Fee &          | ☐ \$55.00 Filing Fee &                                     | □ \$60.00 Filing Fee.                  |
| Č                                | Certificate of Status           | Certified Copy (additional copy is enclosed)               | Certificate of Status & Certified Copy |
|                                  |                                 | •  | (additional copy is enclosed)          |
|                                  |                                 |  |  |
| _ Mailing Address:               |                                 | Street Address:  |  |
| Registration Sec                 |                                 | Registration Sec   |  |
| Division of Cor<br>P.O. Box 6327 | porations                       | Division of Con<br>The Centre of T                         |  |
| Tallahassee, FL                  | . 32314                         | ••••   | e Street, Suite 810                    |
| i ananamo, i b                   |                                 | Tallahassee, FL  |  |

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CR 210

BALAJI INVESTMENTS

SRI

| (Name of the Limite  | ed Liability Company as it n<br>(A Florida Limited Liability C | <u>ow appears on our re</u><br>.ompany) | ecords.)                    |   |
|--|--|---|-----------------------------|---|
| The Articles of Organization for this Limited Li   |  | ed on 0 6                               | 14 2021 and a               | ssigned                                 |
| This amendment is submitted to amend the follo   | wing:  |   |                             |   |
| A. If amending name, enter the new name of   | the limited liability con                                      | apany here:                             |                             |   |
| The new name must be distinguishable and contain the w                                     | ords "Limited Liability Comp                                   | any," the designation                   | "LLC" or the abbreviation " |   |
| Enter new principal offices address, if applications                                       | able:  |   |                             | ()                                      |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |   |                             | · • • • • • • • • • • • • • • • • • • • |
| Enter new mailing address, if applicable:  |  |   | AUG 23 F                    | m                                       |
| (Mailing address MAY BE A POST OFFICE I  | <br>BOX)   |   |                             |   |
|  |  |   | PA                          |   |
| B. If amending the registered agent and/or reagent and/or the new registered office addres |  | on our records, <u>e</u>                | nter the name of the n      | ew registered                           |
| Name of New Registered Agent:  | UPENDER  | REDOY                                   | RATNAM                      |   |
| New Registered Office Address:   |  | Enter Florida street a                  | ddress                      |   |
|  |  |   | Florido                     |   |
|  | City   |   | _, Florida<br>Zip Code      | ·*                                      |
| New Registered Agent's Signature, if changing F  | legistered 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

| <u>Title</u> | <u>Name</u>           | Address                 | Type of Action      |
|--------------|-----------------------|-------------------------|---------------------|
| MANAGER      | UPENDER REDDY RATA    | JAM 10303 SILVERBROOK T | RLITHOO             |
|              |                       | FACKSONVILLE, FL-3      | <b>225</b> € Remove |
|              |                       |                         | Change              |
| MANAGER      | SATEESH REDDY         | 8748 NATHANS COVE       | CT BAdd             |
|              |                       | JACKSONVILLE, FL-322    | 56 □Remove          |
|              |                       |                         | □Change             |
| MANAGER      | VIJAY MADIHAV REDAY A | LETI 574 AMALURRA       | TR DAdd             |
|              |                       | SAINT JOHNS, FL-32      | <b>259</b> □ Remove |
|              |                       |                         | Change              |
| AR           | SRI BALAGI INVESTME   | ENTS LLC                | 🗀 Add               |
|              |                       |                         | DRemove             |
|              |                       |                         | Change              |
|              |                       |                         | □Add                |
|              |                       |                         | □ Remove            |
|              |                       |                         | □ Change            |
|              |                       |                         | □Add                |
|              |                       |                         | □Remove             |
|              |                       |                         | □Change             |

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| If an ef<br>Note: | tive date, if other than the date of filing: 08 06 202 (optional)  Tective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.  |
| e reco<br>rd is f |  |
| Dated             | 2021 (AUGUST 16th 2021)  R. Upon la Republic de member of a member |
|                   |  |
|                   | h. upender 1023  |
|                   | Signature of a member or authorized representative of a member   |

Filing Fee: \$25.00