L21000449770

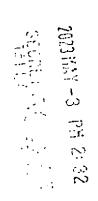
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600408015516

05/03/23--01016--008 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

	OPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MURALI NAIR		
	· -	Name of Person	
	AMMU PROPERTIES LL	С	
		Firm/Company	
	10510 MARTINIQUE ISL	E DRIVE	
		Address	- i w
	TAMPA , FL 33647)
		City/State and Zip Code	
	CMDNAIR@GMAIL.COM		
	E-mail address: (to be used for future annual report notificati	on)
For further information ec	oncerning this matter, please co	all:	
MURALI NAIR		813 7867279 at ()	_
Name of	Person		ephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Sectio	
Division of Co	-	Division of Corpora	
P.O. Box 632 Tallahassee, F		The Centre of Talla 2415 N. Monroe St	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amau	
'AADI-PROPERTIES	LLC

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

(A rionda Linne	ed Elabinty Company)	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{1.21000449770}{1.21000449770}$	my were filed on 10/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
NONE		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "l	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ω
Enter new mailing address, if applicable:		
		, , , , , , , , , , , , , , , , , , , ,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		m · · ·
		Florida
New Registered Agent's Signature, if changing Registered Age	·	·
I haraby accent the appointment as registered great and a	targe to act in this canacity	I further garee to comply with the

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARCHANA NAIR	10510 MARTINIQUE ISLE DRIVE	= Add
		TAMPA, FL 33647	□Remove
			□Change
_,			□Add
			Remove
			الله الله الله الله الله الله الله الله
· 			n⊃ ☐Řemove
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			□Change
			□Add □Remove

	Iddine	Spanse's	hane	h Com	Dave,
	Owner	ship		٧	
		3. /			
		_			
<u> </u>					
	·				
				· · · · · · · · · · · · · · · · · · ·	15.03
				- F	34
				•_	ယ်
		 -		;	. 27
<u> </u>				· ·	<u> </u>
_					<u> </u>
,					
tive date if other	than the date of fil	lino:		(ontional)	
fective date is listed, t	he date must be specific	ling: and cannot be prior to date of the applicable states	f filing or more than	90 days after filing) Pursuant to 605.
nent's effective date	e on the Department of	of State's records.	atory timig requi	rements, and date	Will hot be liste
rd specifies a delay- iled.	ed effective date, but i	not an effective time, at 1	2:01 a.m. on the c	earlier of: (b) Th	ie 90th day after
May 1.st		2023	^		
			N p		
		f a member or authorized rep	•		

Typed or printed name of signee