121000482154

(Dagues	stor's Name)	
(Reques	itor's Name)	
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(City/Sta	ate/Zip/Phone #)	:
PICK-UP	WAIT	MAIL
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Certified Copies	Cartificates of	Status
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2072 NOV -8 PM 4: 07

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
•	Chi CAI AYVA	APA //C				
SUBJECT:	SRI SAI AYYA Name of Limit	ted Liability Company	· 			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ndence concerning this matter t	o the following:				
	TOSE L	ALOOK ARA V C. Name of Person	<u>PA</u>			
		ASSOCIATES LE				
		Firm/Company				
	1338 HA	TCHER LOOP DRIV	IF.			
		Address				
	Da	1 (1) 2500(1)				
	BRANDO	City/State and Zip Code Les C. 9 marl - Cm. o be used for future annual report notifi				
	Paralase or i	to a pos				
	E-mail address: (1	o be used for future annual report notif	ication)			
For further information c	oncerning this matter, please ca	ill:				
_						
JOSE L A.	LOOKARAN	at (<u>&13</u>) <u>571-3</u> Area Code Daytime	358			
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	na fallowina amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &			
	PAID 61-25 WITH	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
	WRONG FOR	ጣ	(additional copy is enclosed)			
Mailing Address	::••	Street Address:				
Mailing Address: Registration Section			Registration Section			
Division of C	Corporations	Division of Coη				
P.O. Box 632		The Centre of T				
Tallahassee. I	FL 32314	2415 N. Monroe	Street, Suite 810			

ENCLOSE :). THE RIGHT FORM DULY FILLED & SENED.

2 · COPY OF THE LETTER FROM YOU.

Tallahassee, FL 32303



October 17, 2022

JOSE L ALOOKARAN CPA 1338 HATCHER LOOP DRIVE BRANDON, FL 33511

SUBJECT: SRI SAI AYYAPPA LLC Ref. Number: L21000482154

We have received your document for SRI SAI AYYAPPA LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 322A00023169

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV -8 PH 4: 07

SRI SAI AYYAPPI	A LLC	\$6. a - 3 3 3.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our Liability Company)	records.) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 21000 482154</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" er the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4 0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Neglinered 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this documen

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
AMBR	NADIMPALLI, RAYI	2404 GRATIA PLACE	□ Add
		CASSELBERRY FL 32707	X Remove
			□Change
			□Add
			□ Remove
			Change
			🗆 Add
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Note: If the date	if other than the data is listed, the date must be inserted in this block-tive date on the Department.	does not meet t	the applicable sta	of filing or more th tutory filing req	option (option of the control of the	nal) ling.) Pursuant date will not b	to 605,020 be listed as
he record specifies ord is filed.	a delayed effective d	ate, but not an e	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day	y after the
Dated 3 70	d Novembe	<u>-</u> A,	. <u> </u>				
<u> 6.</u>	Janaxi Pan	nature of a memb	per or authorized re	presentative of a r	nember		_
	GOTTUM				_		

Filing Fee: \$25.00