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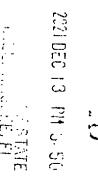
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Coomoos Emily Marrie)		
(Document Number)		
Certified Copies Certificates of Status		
Consideration to Siling Officer		
Special Instructions to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

Office Use Only



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12/13/21--01014--012 **25.00



A. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Floredda P	roperties LLC
Name of I	Jimiled Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Time	A Fischer Name of Person
Fletcher	Fischer Pollack P.L.
433 Cent	ral Ave Suite 400
	tersburg, FL 33701 City/State and Zip Code raffologal. Com s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Tina Fischer Name of Person	at (813) 898-2828 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\times \text{\$\subseteq} \tex	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floredda Proper		2021 DEC +3 RM 5 S7
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L		
The Articles of Organization for this Limited Liability Company v	were filed on 11/23	12021 and assigned
Florida document number L 21000502462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ddress on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	. ا	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e 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>	<u>Address</u>	Type of Action
MBR	Vishnu Reddy	11de Martinez way	□ Add
		MorganHill, CA 95037	□Remove
			XChange
MGR	James Reddy	1660 Martinez Way	🗆 Add
		Morgan Hill, CA 95037	Remove
			Change
MGR	Harsha Reddy	Meleo Martinez Way	X Add
		Morgan Hill, CA 95037	□Remove
			□ Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
		·	🗆 Add
			□Remove
			□Change

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	-	****
		
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ffective date	e, if other than the date of filing:	(optional)
<u>Sote:</u> If the da	e, if other than the date of filing: te is listed, the date must be specific and cannot be prior to date of filing or tate inserted in this block does not meet the applicable statutory filinfective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605,0207 (ng requirements, this date will not be listed as t
record specifi d is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated	Liza & Liseles Signature of a member or authorized representative	
	1. 4. 1. 0	
	Signature of a member or authorized representative	e of a member