## 121000515129

Office Use Only



800378548438

01/03/22--01027--012 \*\*25.00

FILED
2022 JAN -3 AH 9: 41
SECRETARY OF CHAP

Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration Se Division of Cor		•	•
\$RSSV LL			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas T. Coon, Jr., Esq.		
		Name of Person	
	Capstone Title Partners, Li	LC	
		Fim/Company	
	888 S. Andrews Avenue, S	Suite 204	
		Address	- <del></del>
	Fort Lauderdale, FL 33316	S	
		City/State and Zip Code	
	thomas@capstonetitlepartn	ers.com to be used for future annual report	notification)
For further information of	concerning this matter, please c		non nearrow
Thomas T. Coon, Jr., Es	•	954 467-9899	
Name of Person		at () Area Code Dny	ytime Telephane Number
Enclosed is a check for the	he following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificat Copy (additional copy is enclosed)
Mailing Addres		Street Address Registration	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632			of Tallahassee nroe Street, Suite 810
Tallahassee.	FL 32314	∠41⊅ (V. MO)	mae Sheet, Suite o to

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN -3 AM 9: 41

SRSSV LLC		Ş	ECRETARY OF STATE
(Name of the Limite	d Linbility Company A Florida Limited Lic	os it now appears on our records) billing Company)	LCHINOSCE - C.
The Articles of Organization for this Limited Liv Florida document number L21000515129	ability Company w		
This amendment is submitted to amend the follo	wing:		
A. If amending name, onter the new name of	the <u>limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or a			
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Flo	orida
	<del></del> _	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	perjormance of my dunes, we provided for in Chapter 605.	F.S. Or, if this document is
	II Chui	nging Registered Agent, Signature o	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

i

<u>Title</u>	Name	Address	Type of Action
MGR	Satyanarayana V. Vattimilli	410 Anstatt Way	□Add
		Haworth, NJ 07641	□ Remove
			■Çhange
			bbA□
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			CJAdd
			Remove
			Change
			□Add
			□Remove
			☐ Change

the Articles of Organization.	The correct spelling of the Manager's name is as follows: Satyanarayana	V. Vattimilli.
		<del></del>
·		
		<u>-</u>
	10.00	
fective date, if other than the	date of filing: (optional)	
n effective date is listed, the date mu	t be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 605.020
ite: If the date inserted in this bleament's effective date on the D	ock does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day after the
is filed.		
December 15	202	
ted		
STV	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00