

122000031817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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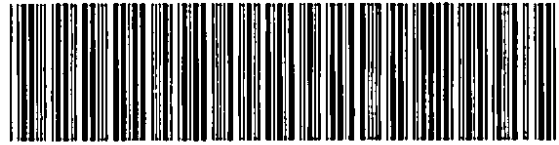
(Business Entity Name)

(Document Number)

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03/29/22--01024--012 **25.00

FILED
2022 MAR 29 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
APR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11218 PROPERTY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GOPI CHINTALAPALLI

Name of Person

11218 PROPERTY, LLC

Firm/Company

3903 NORTHDAL BLVD SUITE 100E

Address

TAMPA, FL 33624

City/State and Zip Code

gopichintalapalli@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GOPI CHINTALAPALLI

501 442-9442
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

11218 PROPERTY, LLC

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

FILED
2022 MAR 29 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on JANUARY 18, 2022 and assigned
Florida document number L22000031817.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter 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 address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SSB INVESTORS LLC	11003 BALI ISLE WAY	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SVIZZERA TECHNOLOGIES LL	8848 CAMERON CREST DR	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MY HOME RGNS, LLC	19693 ROSEATE DRIVE	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONE, BHOOMESHWAR	5437 RIVA RIDGE DRIVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIGSY GROUP LLC	233 HEATHER GLEN DRIVE	<input checked="" type="checkbox"/> Add
		COPPELL, TX 75019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PINNAMANENI, SAVITHRI	4030 FLOWERING STREAM WAY	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32766	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00