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2022 APR -4 AH 6: 34 SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

Division of Co			_
			•
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	SID SUPPLIES LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Sidharth Sethi  Name of Person  Sideats Inc.  Firm/Company  4290 SE Salerno Rd  Address  Stuart, Florida 34997  City/State and Zip Code Sid@sideats.com  F-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  ii  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  iling Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:		
	Sidharth Sethi		
		Name of Person	
	Sideats Inc.		
		Firm/Company	
	4290 SE Salerno Rd		
		Address	
	Stuart, Florida 34997		
		City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of			,
Sidharth Sethi		425 789-6419	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	xs:	Street Address:	
Registration	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR -4 AH 6: 34 OF

SECRETARY OF STATE TALLAHASSEE, FL

SID SUPPLIES LLC

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

Florida document number 1.22000070416  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.				
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				
er new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:	C."			
Enter new principal offices address, if applicable:	inguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  offices address, if applicable:  ess MUST BE A STREET ADDRESS)  dress, if applicable:			
Office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
[mining data cas mill big new job				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  SETHI, SIDHARTH	registered			
New Registered Office Address: 4290 SE SALERNO RD	4290 SE SALERNO RD			
Enter Florida street address	Enter Florida street address			
STUART , Florida 34997  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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docur being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.	and nent is			

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
MGR	SETHI, AASTHA	4290 SE SALERNO RD	
		STUART, FL 34997	■Remove
			□Change
MGR	SETHI, SIDHARTH	4290 SE SALERNO RD	<b>=</b> Add
		4290 SE SALERNO RD	□Remove
			□Change
			□Add
			☐ R <b>e</b> move
			□Change
<del></del>			□Add
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Effective date, if other than the date in the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prick does not meet the appli	icable statutory filing re	(optional) than 90 days after filing.) Pur- quirements, this date will	suant to 605.0207 not be listed as
	late, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90t	th day after the
rd is filed.	, 2022			
ne record specifies a delayed effective dord is filed.  March 30  Dated	, 2022  Solution of a member or aut	_		

Filing Fee: \$25.00