

177 000146361

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(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 MAY -6 AM 8:33

F. MATTHEWS

JUN 29 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC 70 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:

MAHALAKSHMI PULA

Name of Person

Firm/Company

3 HITCHCOCK FARM RD.

Address

ANDOVER, MA 01810

City/State and Zip Code

mahapula@gmail.com

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

For further information concerning this matter, please call:

MAHALAKSHMI PULA

978 902-4913

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ABC 70 LLC

22 MAY -6 AM 8: 33

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

The Articles of Organization for this Limited Liability Company were filed on 03/25/2022 and assigned Florida document number 1.22000146361.

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: VANGAPALLI, RAMMOHAN

New Registered Office Address: 722 MAPLE LEAF LOOP,

Enter Florida street address

WINTER SPRINGS

City

Florida 32708

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	Vangapalli, Rammohan	722 MAPLE LEAF LOOP,	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joginipally, Bhuvaneshwar	45 HEPATICA DR	<input checked="" type="checkbox"/> Add
		NORTH ANDOVER, MA 01845	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOGINIPALLY, ABHITEJA	45 HEPATICA DR	<input type="checkbox"/> Add
		NORTH ANDOVER, MA 01845	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VANGAPALLI, RISHI R	722 MAPLE LEAF LOOP	<input type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.

Dated 30 April 2022.

Mahar

MAHALAKSHMI PULI A

Typed or printed name of signee