

L22,000451072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

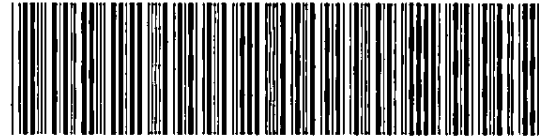
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

01/19/23--01002--016 **25.00

QD

19 AM 11:19

1/19/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISHAAN PROPERTIES 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:

SURESHKUMAR RAJU RUDRARAJU

Name of Person

ISHAAN PROPERTIES LLC

Firm/Company

18815 ALDER GLEN DR

Address

LUTZ, FL 33558

City/State and Zip Code

risharealty@gmail.com

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

For further information concerning this matter, please call:

SURESHKUMAR RAJU RUDRARAJU

Name of Person

at (727) 469 3489

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

2023 JAN 19 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FL

ISHAAN PROPERTIES LLC

(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 10/19/2022 and assigned
Florida document number L22000451072.

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 "LLC."

Enter new principal offices address, if applicable:

18815 ALDER GLEN DR LUTZ, FL 33558

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

18815 ALDER GLEN DR LUTZ, FL 33558

(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:

SURESHKUMAR RAJU RUUDRARAJU

New Registered Office Address:

18815 ALDER GLEN DR

Enter Florida street address

LUTZ

City

Florida 33558

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MADHAVI KOSURI	18815 ALDER GLEN DR LUTZ, FL 33558	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VENKATESAN DHARMARAJAN	9415 LEATHIERWOOD AVE TAMPA, FL 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DHANESH BALARAMAN	9902 SPICE BUSH CT TAMPA, FL 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAI GANESH CHANDRASEEKARAN	19517 WHISPERING BROOK DR TAMPA,FL33647	<input type="checkbox"/> Add
			<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.

R. Suresh Kumar
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00