

L22000483972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

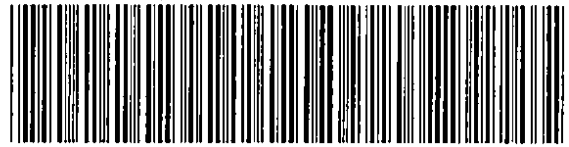
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET

cf 8/7/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAI KAMAKSHI KUTTY 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:

RON HIESTAND

Name of Person

ISOURCE TAX AND ACCOUNTING

Firm/Company

1532 LAND O LAKES BLVD SUITE C

Address

LUTZ, FL 33549

City/State and Zip Code

RONHIESTAND@GMAIL.COM

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

For further information concerning this matter, please call:

RON HIESTAND

863

602 1977

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

SECRET

DATE: 10/10/68

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>
AMBR	CHOCKALING, PERIAKARUPP/	10261 ESTUARY DRIVE, TAMPA FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	CHOCKALINGAM, PERIAKARUPPA	1195 FIELDSTONE CIR 10261 ESTUARY DR, TAMPA FL OVIEDO, FL 32765	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	CHOCK, KANNAN	1373 HEAVENLY COVE 10261 ESTUARY DR, TAMPA FL WINTER PARK, FL 32792	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 17, 2023

JUNE 17, 2023

Carlson Polyzar

Signature of a member or author

Signature of a member or authorized representative of a member

VALLIAMAI PICHAPPAN

Typed or printed name of signee

Filing Fee: \$25.00