

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000072649 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	Fax Number : (850)617-6383
Fro	om: Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
)	
	he email address for this business entity to be used for future ual report mailings. Enter only one email address please.**
_ Ema:	il Address:
. •	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANOJAVA CONSULTANCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANOJAVA CONSULTANCY LLC

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000044030	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	15134 Cameo Ct	
(Principal office address MUST BE A STREET ADDRESS)	any were filed on 01/24/23 and assigned liability company here: inibility Company," the designation "LLC" or the abbreviation "L.L.C." 15134 Cameo Ct Westlake, FL 33470 15134 Cameo Ct Westlake, FL 33470 ce address on our records, enter the name of the new registered Enter Florida street address Florida Zip Code City Time 12 Time 12 Time 13 Time 14 Time	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered
New Registered Office Address:		
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		\sim

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 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>	Name	Address	Type of Action
<u>AMBR</u>	Ramakkagari, Shilpa	15134 Cameo Ct	
		Westlake, FL 33470	□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
		**************************************	□Remove
			□ Change
			□Add
			□Remove
		16-14-14-14-14-14-14-14-14-14-14-14-14-14-	□Change
			CIRemove
			□Change

. If amend	ling any other info	ermation, ent	er change(s) hei	re: (Attach a	idditional she	ets, if necess	sary.)	
								
				-				
				-	-			
			10				41-1-1-1-1	
	•••							
								<u> </u>
					 -			
			· · · · · · · · · · · · · · · · · · ·		· ·			
	.	 				<u>.</u>		
								<u> </u>
(If an effecti Note: If t	date, if other than we date is listed, the dat the date inserted in the 's effective date on the	te must be specific his block does r	e and cannot be prion not meet the applic	cable statutory				
he record spord is filed.	pecifies a delayed cfi	fective date, but	t not an effective t	ime, at 12:01	a.m. on the ea	rlier of: (h)	The 90th day	after the
Dated	02/24		. 2023	·				
		/]/	wj Smy of a member or auth	vth				
		Signature	of a member or auth	orized represer	itative of a men	ber		_
			Nat Sr	ith				_

• • •

Filing Fee: \$25.00