

L23000122109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

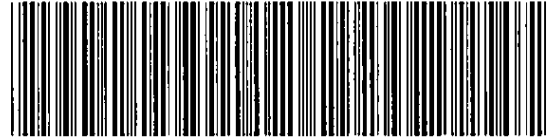
(Business Entity Name)

(Document Number)

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KH
11/21/23

FILED
2023 NOV -9 PM 4:00
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VR INFINITY 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:

NAVYALAHARI BODDDU

Name of Person

VR INFINITY LLC

Firm/Company

1009 Broadway Apt # 3

Address

Bayonne, New Jersey - 07002

City/State and Zip Code

navyalahari.boddu@gmail.com

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

For further information concerning this matter, please call:

Navyalahari Boddu

225

428-7394

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

STATE
TALLAHASSEE, FL

2023 NOV -9 PM 4: 00

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VR Infinity 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 March 8th 2023 and assigned
Florida document number L23000122109.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
AP	RAM KANTETi	1009 BROADWAY APT#3BAYONNE, NJ 07002	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	YERRAPATI, VASUDEVA	11830 SUNRISE VALLEY DR APT 538RESTON, V/	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	RAMPI, ANMISHA	11830 SUNRISE VALLEY DR APT 538RESTON, V/	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove

2023 NOV 9 PM 4:00
 STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 TALLAHASSEE, FL

FILED

194
1943
1947

(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).

FILED

2023 NOV -9 PM:00

STATE OF FLORIDA

CLERK OF THE DISTRICT COURT OF THE FIRST JUDICIAL CIRCUIT IN AND FOR ALACHUA COUNTY, FLORIDA

RECEIVED

NOV 9 2023

ALACHUA COUNTY CLERK'S OFFICE

605.9287 (3)(b)

All not be listed as the

Dated 10/27/2023

NAVYALAHARI BODDU

Typed or printed name of signee