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1/20/2023

COVER LETTER

Division of Cor	porations		
ABHIRAM	PROPERTY HÖLDINGS LLC		
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Srinivas Chitturi		
		Name of Person	
		Firm/Company	
	91 Hemlock Pt	r mucompany	
		Address	
	St Augustine, FL 32086		
	***************************************	City/State and Zip Code	
	schitturi2@gmail.com		
	E-mail address: (1	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıli:	
Srinivas Chitturi		908 2276054	
Nime .	f Person	at ()	: Telephone Number
Name 6	retson	Area Code Daytime	. Terephone (vana)er
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ABHIRAM PROPERTY HOLDINGS LLC

_2023 14:14 26 AM 7:59

(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 Florida document number	were filed on APRIL 12, 2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6100. GREENLAND ROAD, UNIT 1004		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32258		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Degistered Agent's Signature if changing Degistered Agents			

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ABHIRAM CHITTURI	91 Hemlock Pt	
		D. A Fl. 10007	□ Add
		St Augustine, FL 32086	=Remove
			
			□Change
			□Add
			Remove
			Change
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: (optional)
:
ate's records.
an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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2022
2023
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ember or authorized representative of a member
- e