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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | ision.of Corp | | • | • |
|----------------|-------------------|---|---|---|
| SUBJECT: | | ANTRA LLC | | 2023 |
| SUBJECT: | | Name of Lim | nited Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | omitted for filing. | 2023 OCT 13 PH12: 48 |
| Please return | all correspor | ndence concerning this matter | to the following: | 12: £ 8 |
| | | KALYANI ANAPARTHI | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | 288 ELLSWORTH CIR | | | |
| | | | Address | |
| | | ST. JOHNA, FL -32259 | | |
| | | | City/State and Zip Code | |
| | | DECORMANTRALLC@C | | |
| For further in | nformation co | h-mail address: (ncerning this matter, please c | to be used for future annual report noti all: | fication) |
| KALYANL | ANAPARTH | I | 904 4003674 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | a check for the | following amount: | | |
| ■ \$25.00 F | 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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

| ARTICLES | OF AMENDMENT | 26 |
|--|---|---|
| | ТО | 2023 057 |
| ARTICLES O | F ORGANIZATION | 05 |
| | OF | |
| | • | ω |
| DECOR MANTRA LLC | | PH |
| (Name of the Limited Liability Co | ompany as it now appears on our records.) ited Liability Company) | 1.5 |
| (A Florida Lim | ited Liability Company) | <u></u> |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 05/23/2023 | and assigned |
| - · · · · · · · · · · · · · · · · · · · | | |
| Florida document number L23000253104 | | |
| This amendment is submitted to amend the following: | | |
| - | | |
| A. If amending name, enter the new name of the limited | <u>liability company here</u> : | |
| | | |
| The new name must be distinguishable and contain the words "Limited I | 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 | 2) | |
| <u>, </u> | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and/or registered off | ice address on our records, <u>enter the</u> | name of the new register |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| or rien neglored rigen. | | |
| New Registered Office Address: | | |
| - | Enter Florida street address | |
| | T1 | L. |
| | , Florid | 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 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> | Address | Type of Action |
|--------------|-------------------|---------------------|---|
| AMBR | KALYANI ANAPARTHI | 288, ELLSWORTH CIR | ■Add |
| | | ST JOHNS, FL -32259 | □Remove |
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| ctive date, if other than the c | late of filing: | (| optional) |
| effective date is listed, the date must e: If the date inserted in this blo | be specific and cannot be prior to d ck does not meet the applicable | late of filing or more than 90 days e statutory filing requirement | s after filing.) Pursuant to 605,02 s. this date will not be listed. |
| iment's effective date on the De | partment of State's records. | statutory trinig requirement | s, this date will not be listed. |
| | | | |
| ord specifies a delayed effective | date, but not an effective time. | at 12:01 a.m. on the earlier of | of: (b) The 90th day after th |
| filed. | | | · |
| | | | |
| d 10 OCTOBER | 2023 | | |
| | 1 ++- | | |
| | X 11. | | |
| | Signature of a member or authorize | | |

Filing Fee: \$25.00