

623000270041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

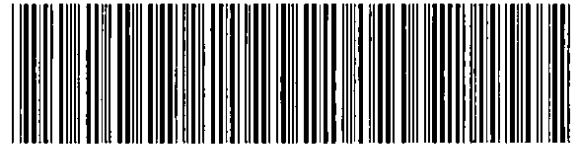
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

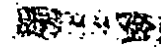
Office Use Only



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06/13/23 - FILING - \*\*P.O. #

FILED  
2023 JUN 13 PM 1:50  
CLERK OF STATE  
TALLAHASSEE, FL



R. HUNT

06/13/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thimmapur 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:

Sumalath Thimmapur

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2838 Sun Lake Loop Apt 100

\_\_\_\_\_  
Address

Lake Mary FL 32746

\_\_\_\_\_  
City/State and Zip Code

rthimmapur99@gmail.com

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

For further information concerning this matter, please call:

Sumalatha Thimmapur

7326893499

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

FILED  
JAN 13 PM 1:50  
TALLAHASSEE, FL

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

Thimmapur 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 06/05/2023 and assigned  
Florida document number L23000270041.

This amendment is submitted to amend the following:

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

Thimmapur LLC

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)**

2838 Sun Lake Loop

Apt 100

Lake Mary FL 32746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2838 Sun Lake Loop

Apt 100

Lake Mary FL 32746

**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:

Sumalatha Thimmapur

New Registered Office Address:

2838 Sun Lake Loop Apt 100

*Enter Florida street address*

Lake Mary

*City*

Florida 32746

*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>
AMBR	Sumalatha Thimmapur	2838 Sun Lake Loop Apt 100 Lake Mary FL 32746	<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
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RECEIVED  
JAN 13 11 50 PM  
STATE OF FLORIDA  
TALLAHASSEE, FL

2023 JUN 13 PM 1:50  
FLORIDA STATE  
LABORATORY

7073 JUN 13 PM 1:50  
TAYLOR OF STATE  
TAMPA, FL

(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)

Typed or printed name of signee