## 123000435198

(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



200420921382

12/28/23--01025--025 \*\*55.00



## **COVER LETTER**

	ion Section of Corporations
CLUB LE CE	715 SRI VINAYAKA LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	SRILATHA PENUGONDA
	Name of Person
	Firm/Company
	2247 LANDSIDE DRIVE
	Address
	VALRICO, FL. 33594
	City/State and Zip Code srilathapenugonda@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
SRILATHA PEN	UGONDA 813 625-6313 at ()
ì	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
☐ \$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & \$\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status & }\text{Certified Copy} \tag{Certificate of Status & }\text{Certificate of Status & }Certificate o

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

715 SRI VINAYAKA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000435198</u>	y were filed on September 19, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "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)		
		<del>_</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	ne of the new registered
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street address	
	Pt. 11	
<del></del>	, Florida	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	Shirish C Penugonda	2247 LANDSIDE DRIVE	
		VALRICO, FL.: 33594	■Remove
			☐ Change
		<del></del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
		<del></del>	
			□Remove _
			= = = = = = = = = = = = = = = = = = = =
		<del></del>	□Add
			□Remove
			□Change
			□Remove
			☐ Change
···	<del></del>		□Add
			□Remove

					_
<del></del>	<del></del>				
					_
			······································	· · · · · · · · · · · · · · · · · · ·	-
					_
					_
				<del></del>	_
	<del></del>		1121 - 200		_
<del> </del>					_
					-
					_
<del></del>					_
					_
		···			-
<del></del>					<u>.</u> :
			· · · · · · · · · · · · · · · · · · ·		-
fective date, if other than the	date of filing:		(opti	onal)	
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the ap	oplicable statutory i	iling requirements, thi	s date will not be lis	5.020 ted a
record specifies a delayed effective is filed.	date, but not an effecti	ve time, at 12:01 a	m. on the earlier of: (b	) The 90th day after	er the
nted December 22	. 2023	·			
e. kir	فيلحلها				
	Signature of a member or				

Filing Fee: \$25.00