

123000490349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

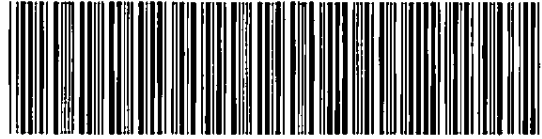
(Business Entity Name)

(Document Number)

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12/12/23

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2023 NOV 23 AM 11:09
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDHAYAM SQUARE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VENKATESAN DHARMARAJAN

Name of Person

IDHAYAM SQUARE LLC

Firm/Company

32264 ROSEWOOD MEADOW LANE

Address

WESLEY CHAPEL, FL 33543

City, State and Zip Code

idhayamsquare@gmail.com

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

For further information concerning this matter, please call:

VENKATESAN DHARMARAJAN

Name of Person

at

813 838 1353

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

2023 MAY 29 PM 11:09
FILED
STATE

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

IDHAYAM SQUARE 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 10/26/2023 and assigned
Florida document number L23000490349.

This amendment is submitted to amend the following:

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

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>
AMBR	THAMILARASAN RAMASAMY	13698, Stevenson lane Odessa FL 33556	☒ Add
			☐ Remove
			☐ Change
MGR	KUMAR ANNAMRAJU	10513, Mistflower Ln Tampa FL 33617	☒ Add
			☐ Remove
			☐ Change
MGR	SHAHUL HAMFED	11529, CEDAR VALLEY DR	☒ Add
		RIVERVIEW, FL 33569	☐ Remove
			☐ Change
MGR	SRINIVASA R BUYYANAPRAG	8711, Newcastle Bend, Irving, TX 75063	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2023-10-19 11:09 AM
STATE OF FL
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2023.10.17
Fall

2023/07/29 AM 09:09
Pursuant to 602C
will not be held

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be treated as the document's effective date on the Department of State's records.

Dated 11/17/2023 _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00