124000191382

(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



400430111274

05/20/24--01014--014 **25.00

6/10/24



DocuSign Envelope ID: C53BA3B9-9FC8-4ACF-9141-93655CFDD05D COVER LETTER

TO: Registration Section **Division of Corporations** ANTERA KITCHEN & BAR LLC SUBJECT: 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: Navin R. Pasem Name of Person Law Office of Navin R. Pasem Firm/Company 5401 W. Kennedy Blvd Ste 100 Address Tampa, Florida 33609 City/State and Zip Code admin@pasemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessica Medeiros 813 444-3017 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☒ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID. C53BA3B9-9FC8-4ACF-9141-93655CFDD05D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability C	Company as it now appears on our	r records.)
(A Florida Li	Company as it now appears on our mited Liability Company)	,
The Articles of Organization for this Limited Liability Con L24000191382 Florida document number	npany were filed on $\frac{04/23/2}{}$	024 and assigned
This amendment is submitted to amend the following:		
This uncluded is submitted to unless the rollowing.		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records.	, enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stree	ut addrage
	City	Florida (1) E3
New Registered Agent's Signature, if changing Registered A	City Naonti	Florida Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered	aplete performance of my du nt as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
company has been notified in writing of this change.	iggree waaress, riverery corry	

DocuSign Envelope ID: C53BA3B9-9FC8-4ACF-9141-93655CFDD05D
11 amending Authorized rerson(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>	Name	Address	Type of Action
MGR	BODDULA, BODDULA	13418 TELECOM DRIVE TAMPA, FL 33637	
			_ UAdd
			_ ⊠Remove
			_ Change
MGR	BODDULA, MADURASMRUTHI	13418 TELECOM DRIVE TAMPA, FL 33637	
			_ 🖾 Add
			_ □Remove
			_ □Change
			<u></u>
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
		——————————————————————————————————————	_ □Chāṇge
			. ⇔ - ⇔ - ⇔
			_ UAdd
		f "":	_ □Rômove
		i	-i N> _□Change
			_ □Add
			_ U Mad

□Remove

						
						
						 -
<u> </u>						
			_			
			·			
•						
					<u> </u>	
					_	
						
						
				·		
						
			-			
					<u>_</u>	
				· · · · · · · · · · · · · · · · · · ·		
·				<u> </u>		
fective date if other	than the date of f	04/23/20		(4:-	15	
	ne date must be specific	c and cannot be prior	to date of filing or m	(Optio ore than 90 days after f	nat) iling.) Pursuant t	o 605.0207
n effective date is listed, th	in this block does t	not meet the applic	able statutory filing	g requirements, this	date will not b	e listed as
ore: If the date inserted	on the Department	of State's records			$-\infty$	200
ore: If the date inserted						122
cument's effective date						
eument's effective date	d effective date, but	t not an effective ti	ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day	after the
cument's effective date ecord specifies a delaye is filed.	d effective date, but		ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day	
cument's effective date ecord specifies a delaye is filed. May 13	d effective date, but	t not an effective ti 2024	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day	after the
cument's effective date ecord specifies a delaye is filed. May 13	d effective date, but		ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day	720 PH
cument's effective date ecord specifies a delaye is filed. May 13	— DocuSigned by:	2024	ime, at 12:01 a.m. o	on the earlier of: (b)	The 90th day	720 PH
fective date, if other in effective date is listed, the other. If the date inserted ocument's effective date ecord specifies a delayer is filed. May 13 ated	—Bocusigned by: Madlukar Eal	2024 — · ———— lakuntla	ime, at 12:01 a.m. o		The 90th day	

Filing Fee: \$25.00