

L24000354444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

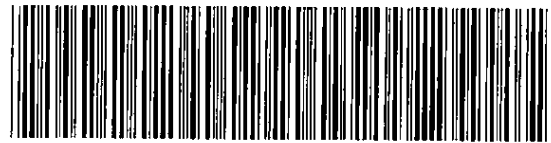
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200435415472

08/27/24--01021--024 \*\*60.00

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FL  
AUG 27 AM 8:11

CLERK  
CS/12/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SRI CHAKRA ESTATES 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:

LAKSHMANA R MITTADODDI

Name of Person

Firm/Company

18118 PHEASANT WALK DR

Address

Tampa, FL 33647

City/State and Zip Code

Lakshrao@hotmail.com

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

For further information concerning this matter, please call:

LAKSHMANA R MITTADODDI

Name of Person

at (813)

Area Code

449 0655

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

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

SRI CHAKRA ESTATES 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 AUG 12, 2024 and assigned Florida document number L24000354444

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*

City, **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 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>
MGR	KAMESWARI	1206 FACET VIEW WY	<input checked="" type="checkbox"/> Add
	ATYALASOMAYAJULA	VALRICO, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KALYAN C	21640	<input checked="" type="checkbox"/> Add
	AYALA	MONMOUTH TERRACE	<input type="checkbox"/> Remove
		ASHBURN, VA 20147	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2007-11-27 AM 8:11  
OFFICE OF STATE  
TREASURER, FL

2011 27 AM 8:11  
OFFICE OF STATE  
TREASURER, FL

RECEIVED  
JAN 27 AM 8:11  
OFFICE OF STATE  
TREASURER  
TALLAHASSEE, 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)

Dated 8/20/2024, \_\_\_\_\_

Conkley

LAKSHMANA R MITTADODDI

Typed or printed name of signee