

M19 000008712

(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:

6/16/21
TM

Office Use Only



100362441911

04/05/21--01025--012 **25.00

21 JUN 14 PM 4:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 14 AM 8:06

May 26, 2021

SIMA JAIN
4800 S. APOPKA-VINELAND RD
ORLANDO, FL 32819

SUBJECT: NATARAJA MANAGEMENT, LLC
Ref. Number: M19000008712

We have received your document for NATARAJA MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 121A00011354

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nataraja Management LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sima Jain

Name of Person

Nataraja Management LLC

Firm/Company

2212 S Chickasaw Trail #435

Address

Orlando FL 32825

City/State and Zip Code

seems78@gmail.com

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

For further information concerning this matter, please call:

Sima Jain

312

485-9191

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

already

Sent, see attached letter

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED JUN 14 2019

SECTION I (1-4 must be completed)

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1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Nataraja Management LLC

Enter new principal office address, if applicable:

2212 S. Chickasaw Trail #435

Orlando FL 32825

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2212 S. Chickasaw Trail #435

Orlando FL 32825

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 119000008712

3. Jurisdiction of its organization: Alaska

4. Date authorized to do business in Florida: 9/3/19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

2212 S. Chickasaw Trail #435 Orlando FL 32825

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

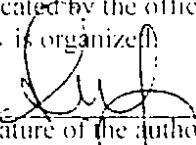
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

- 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

21 JUN 14 PM 4:06

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Usha Jain	4800 S. Apopka-Vineland Rd Orlando 32819	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

- 9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 Sima Jain

 Typed or printed name of signee

Filing Fee: \$25.00