

L22000347320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

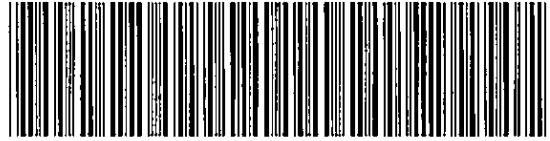
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

A. BUTLER

DEC - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVEDA 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:

BALAVERA A MEDIKONDA
Name of Person

REVEDA LLC
Firm/Company

1012 NW 87TH AVE UNIT 107
Address

MIAMI, FL 33172
City/State and Zip Code

AMAR@MEDIKONDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BALAVERA A MEDIKONDA 305 7979745
Name of Person at () Daytime Telephone Number
Area Code

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**

REVEDA LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 DEC 5 PM 3:32

The Articles of Organization for this Limited Liability Company were filed on 08-09-2022 and assigned Florida document number L22000347320.

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:

1012 NW 87TH AVE UNIT 107

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33172

Enter new mailing address, if applicable:

1012 NW 87TH AVE UNIT 107

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33172

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:

BALAVERA A MEDIKONDA

New Registered Office Address:

1012 NW 87TH AVE UNIT 107

Enter Florida street address

MIAMI

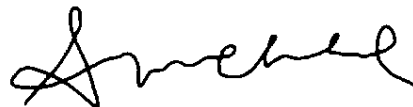
City

Florida 33172

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	SIVA PRATHYUSH BALISETTY	1012 NW 87TH AVE UNIT 107	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIVYA KARUTURI	3726 MAIN POPLAR DR	<input checked="" type="checkbox"/> Add
		HOUSTON, TX 77025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

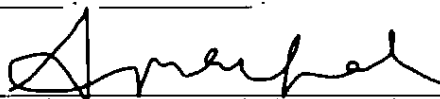
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11-30-2022 _____



Signature of a member or authorized representative of a member

BALAVERA A MEDIKONDA

Typed or printed name of signee