

L14 000146792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

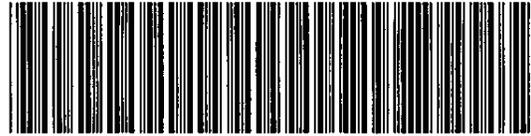
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900266168979

900266168979  
11/06/14--01030--021 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV -6 PM 12:14:2

FILED

NOV 10 2014  
T CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Symplast 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:

**Jackie Miller**  
\_\_\_\_\_  
Name of Person  
**Symplast LLC**  
\_\_\_\_\_  
Firm/Company  
**205 SW 84th Avenue**  
\_\_\_\_\_  
Address  
**Plantation, Florida 33324**  
\_\_\_\_\_  
City/State and Zip Code  
**jmiller@symplast.com**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2014 NOV -6 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Jackie Miller** at ( **561** ) **542-6620**  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status *N/A*
- \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Symplast 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 September 19, 2014 and assigned Florida document number L14000146792.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

205 SW 84th Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Plantation, Florida 33324

Enter new mailing address, if applicable:

205 SW 84th Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Plantation, Florida 33324

**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:

Dr. Shashi Kusuma

New Registered Office Address:

205 SW 84th Avenue

Enter Florida street address

Plantation

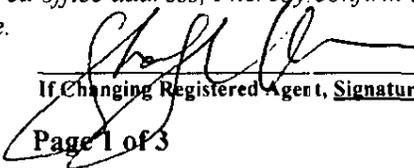
City

Florida 33324

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

2014 NOV -8 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Dr. Shashi Kusuma	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Dr. Bhupesh Vasisht	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Dr. Munish Batra	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Ravish Bharriprolu	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Jaqueline Miller	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Mukesh Narang	205 SW 84th Ave, Plantaton, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

2014 NOV -6 PM 12:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

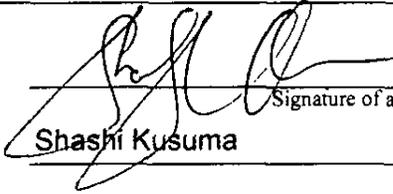
AMBR - Pankaj Chaturvedi - 205 SW 84th Ave, Plantaton, FL 33324 - add

AMBR - David Baruch - 205 SW 84th Ave, Plantaton, FL 33324 - add

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated November 3rd, 2014



Signature of a member or authorized representative of a member

Shashi Kusuma

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV -6 PM 12:42

FILED