

11/12/2015
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TO: 1850 2763 3 311 23 5 0

L1500048115

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.
Account Number : I20120000033
Phone : (305)801-5394
Fax Number : (786)231-5720

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GATAXES@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GENVANKAR LLC

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TALLAHASSEE, FLORIDA

11/12/2015

11/15

TO: 18506176383 FROM: 7862315720

Page: 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GENVANKAR 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 03/17/2015 and assigned Florida document number 1.15000048115

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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

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

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	NELLY DA SILVA	7560 NW 116TH AVENUE	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMB	ISMAEL DA SILVA	7560 NW 116TH AVENUE	<input type="checkbox"/> Add
		MEDLEY, FL 33178	<input checked="" 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

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

N/A

Lined area for amending information, currently blank.

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 11/12/15

Ismael D. SILVA
Signature of a member or authorized representative of a member

Ismael D. SILVA
Typed or printed name of signee