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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
LEONARD WASNOCK Name of Person NYC EXPERT SERVICES LIC,
Firm/Company 1011 NI PINE ST
Address
DELAND FL 3272 TO THE STATE OF
E-mail address: (to be used for future annual ceptort notification)
For further information concerning this matter, please call:
LEONARD WASNOCK at (127) 141-1256 5 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of S

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NYC EXPERS	T SERVICE	s LLC.		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our r nited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Complete Florida document number £15000169468	pany were filed on $9/3$	30/15 and assigned		
This amendment is submitted to amend the following:	es of Organization for this Limited Liability Company were filed on 9/30/15 and assigned current number £150001694468. diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: In must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In principal offices address, if applicable: In office address MUST BE A STREET ADDRESS) In mailing address, if applicable: In principal offices address, if applicable: In office address MAY BE A POST OFFICE BOX) In the mailing address, if applicable: In the mailing address on our records, enter the name of the new lagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florada street address			
A. If amending name, enter the new name of the limited	es of Organization for this Limited Liability Company were filed on 9/30/15 and assigned cument number £150001694468. diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC" In principal offices address, if applicable: Indiffice address MUST BE A STREET ADDRESS) In mailing address, if applicable: Indiffice address MAY BE A POST OFFICE BOX) In mailing the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Applicable Post Office Po			
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 ADDRES.	<u></u>	7AC 28		
Enter new mailing address, if applicable:		SSS		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere	-d -655-a -dd	10 L		
registered agent and/or the new registered office address		corus, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
<u> </u>	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

Title MGR	Name MOHIT BATRA	Address 217 NEW AYRA NAGAR, Type of Action GHAZIABAD, UP INDIA Kadd 201007
 		
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Note: If document the reco	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicate. It's effective date on the Department of State's records. In dispecifies a delayed effective date, but not oth day after the record is filed.	ble statutory filing requirements, this da	al) ing.) Pursuant to 60 ate will not be lis	sted as the
Dated	11/4/15	_· <i>O</i> r		

Page 3 of 3

Filing Fee: \$25.00