

203000015041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 21 AM 9:45
TALLAHASSEE, FLORIDA

AUG 22 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2018

GANGADHAR MAHANTHI
1277 MARTIN LUTHER KING DRIVE
HAYWARD, CA 94541

SUBJECT: SOFTWARE INTEGRATION ARCHITECTS, LLC
Ref. Number: L03000015041

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18 AUG 21 AM 9:45
TALLAHASSEE, FLORIDA

We have received your document for SOFTWARE INTEGRATION ARCHITECTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 818A00016261

RECEIVED
18 AUG 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL

All information filled out.

Only change of name to ZENSARK, LLC is being requested.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Software Integration Architects, LLC
Name of Limited Liability Company

FILED
18 AUG 21 AM 9:45
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

GANGADHAR MAHANTHI
Name of Person

GANGADHAR MAHANTHI / Software Integration Architects, LLC
Firm Company

1277 Martin Luther King Drive
Address

Hayward, CA 94541
City/State and Zip Code

~~mmahanthi~~ GANGS-MAH@Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GANGADHAR MAHANTHI at (954) 448-6557
Name of Person Area Code Daytime Telephone Number

Already Sent Check, See letter

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

SOFTWARE INTEGRATIONS ARCHITECTS, 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 04/28/2003
7/23/2018 and assigned
Florida document number LC3000015041.

This amendment is submitted to amend the following:

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

ZENSARK, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

(Only Corporation Name Change)

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 attending 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Only name change

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18 AUG 21 AM 9:45
TALLAHASSEE, FLORIDA

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 7/23, 2018. (Want the name change effective immediately)

M Gangadhar
Signature of a member or authorized representative of a member

GANGADHAR MAHANTHI (PRESIDENT)
Typed or printed name of signee