## L07000045480

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SECRETARY OF STATE
FAILAHASSEE, FLORID

J. BRYAN

JUN 1 2 2009

**EXAMINER** 



## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE	CCT:	AVENT	AVENTUSOFT L.L.C.				
		Name of Limi	ted Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		KAU	STUBH KALE	<u></u>			
			Name of Person	SE SE			
		Avi	FNTUSOFT L.L.C.				
		HAS I					
		8995	CHAMBERS ST	TILED JUN 11 PM 1:58 LAHASSEE, FLORID			
			Address	ST ST			
		RIE					
			City/State and Zip Code				
		KAUSTUB	to be used for future annual report notifica	o M			
For fur	ther information o	concerning this matter, please c		ion,			
	KAUSTUE	3M KALE	at (954) 931	1971			
	Name o	f Person	at (954) 931 Area Code & Daytime 7	Celephone Number			
Enclose	ed is a check for t	he following amount:					
<b>⊠\$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## AVENTUSOFT 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 APRIL 26, 2007 and assigned Florida document number L 0 7000045480

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability	y Company,"	the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	_	ess on our	records, ent	er the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.		Enter I	Florida street	address
			, Florida	
<del></del>	City			Zin 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action RASENDRA KALE MGR ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>SUNE</u> 4 M 2009 Signature of a member or authorized representative of a member KAUSTUBH KALE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00