

LO 7000114677

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TO: Registration Section  
Division of Corporations

SUBJECT: INTERPRO COMPANY LS CONSULTING SERVICES, 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:

SANDA EUSEPI

Name of Person

Firm/Company

1760 NE 144TH ST

Address

MIAMI, FL 33181

City/State and Zip Code

SANDA.EUSEPI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDA EUSEPI

Name of Person

at ( 305 )

710-0516

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 31 AM 10:12

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**TO  
ARTICLES OF ORGANIZATION  
OF**

**INTERPRO COMPANY LS CONSULTING SERVICES, 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 **NOVEMBER 14, 2007** and assigned Florida document number **L07000114677**.

This amendment is submitted to amend the following:

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

**INTERPRO COMPANY LS CONSULTING SERVICES, LLC**

The new name must be distinguishable and end with 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 ADDRESS)**

Enter new mailing address, if applicable:

**(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 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**

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MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSVALDO A JUVIER	2625 COLLINS AVE, SUITE 508 MIAMI FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SANDA EUSEPI	1760 NE 144TH ST MIAMI FL 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	P ARORA SANKALP	1760 NE 144TH ST MIAMI FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	P SHUKLA RAJEEV	1760 NE 144TH ST MIAMI FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 15, 2012

Signature of a member or authorized representative of a member

SANDA EUSEPI

Typed or printed name of signee