# 13900010178

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**EXAMINER** 



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Fig. 8 Communication (Communication)

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SECRETARY OF STATE
VISION OF CORPORATION

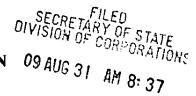
# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BASERA 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:	
SANGEETA HANDA  Name of Person  BASERA LLC	
Name of Person	
13ASERA LLC	
Firm/Company	
14060 SW PLND AVE	
MIAMI FC - 32158 City/State and Zip Code	
HANDAS Q RELISOUTH · NET  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SANGEE 70 HANDA at (305) - 969 - 4636 / 305  Name of Person Area Code & Daytime Telephope Number	<u>-431-</u> 100f
<b>,</b>	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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



BASERA 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 MA714, 2009 and assigned Florida document number 409000 467 78.

This amendment is submitted to amend the following:

A.	If amending na	ame, enter the	new name of t	he limited liability	company here

The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		***
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, enter the name of the nev
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter F	orida street address
	Emer Pi	
	City	, Florida 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** PRIYANKA MANDA NGRM ☐ Add Remove AVANTIKA HANDA 14060 SW fand AUZ MGRM ☐ Add Remove Add 🔲 ☐ Remove ∏ Add Remove  $\prod Add$ ☐Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 27" 2009 Signature of a member or authorized representative of a member SANGETA HANDA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00