## 410000035254

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/13/17--01024--020 \*\*25.00



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## **COVER LETTER**

SUBJÈCT:	Name of Lim	ited Liability Company	
Γhe enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KRISHAN K GARG		
		Name of Person	<del></del>
	GARG AND ASSOCIATE	ES, INC.	
		Firm/Company	
	8551 WEST SUNRISE BL	VD, SUITE 101A	
		Address	<del></del>
	PLANTATION, FL 33322		
		City/State and Zip Code	
	KRISHAN@GARGCPA.CO		<del></del>
or further information of	concerning this matter, please ca	o be used for future annual report notiful:	ication)
KRISHAN K GARG		954 636-6424 at () .	
Name o	of Person		Telephone Number
inclosed is a check for the	he 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:

TO:

Registration Section

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

## RTICLES OF AME DMENT TO ARTICLES OF ORGANIZATION OF

· KRISHNA WIRELESS LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/02/2017	and assigned
Florida document number L10000035254		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		7
		新 图 四
Inter new mailing address, if applicable:		5 5
Mailing address MAY BE A POST OFFICE BOX)		W = 0
		32
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address h</li> </ol>	office address on our records, ere:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 .	<u>Name</u>	<u>Address</u>	Type of Action
CEO	ANUJ GUPTA	8725 NW 18TH TERRACE	<b>■</b> Add
		SUITE 208, DORAL, FL 33172	□ Remove
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			Remove
			Change
			🗖 Add
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(If an eff Note:	ve date, if other than the date of filing:  (optional service date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ne ) Pursuan	t to 605 be liste	i.0207 cd as
	,			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n. on the	earlie	er of:
Dated .	90th day after the record is filed.  11 07/2017  Signature of a member or authorized representative of a member			
	Cation Landsanin			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00