110000086354

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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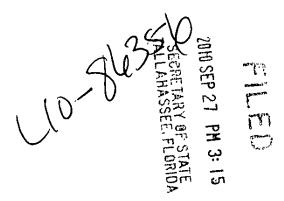
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T. CLINE

SEP 2 7 2010

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2010

SUNIL KHIYANI 6019 BUENA VISTA COURT BOCA RATON, FL 33343-3

SUBJECT: MARS - O.P., LLC Ref. Number: L10000086356

We have received your document for MARS - O.P., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 410A00022415

2010 SEP 27 PH 3: II

COVER LETTER

TO: Registration Division of C				
SUBJECT:	MAF	RS OP LLC		
	Name of Limi	ted Liability Company		
	of Amendment and fee(s) are sul	-		
		SUNIL KHIYANI		
		Name of Person		
		MARS OP LLC		·
	6019	BUENA VISTA COU	RT	
		Address		
	ВС	OCA RATON, FL 3343	3	
		City/State and Zip Code		201 SE
	E-mail address: (to be used for future annual repo	ort notification)	2010 SEP / SECRETA
For further information	concerning this matter, please of	eall:		SS: 27
S	UNIL KHIYANI	at (_561)	3470268	THE R
Name	of Person	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 en	nclosed) Certified	te of Status &
MAI	LING ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT 'TO' ARTICLES OF ORGANIZATION OF

(Name of the Limited)	MARS -C Liability Compan Florida Limited Li	PLLC y as it now appears ability Company)	on our records.)	P 27 PH
The Articles of Organization for this Limited Liability Company were filed on Sand assigned Florida document number 60000 86356				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compar	y," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		6019	BUENA	<u> 110ta Court</u> & 33433
(Principal office address MUST BE A STREET ADDRESS)		BOCA	Ruton,	<u>६ ३३५३३</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6019 BUENA BOCA RATOR	VISTA COURT N, FL 33433	
B. If amending the registered agent and/o registered agent and/or the new registered off			ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SUNIL KHIY	ANI		
New Registered Office Address:	6019 BUENA VISTA COURT			
	Enter Florida street address			00400
	BO	CA RATON City	, Florida	33433 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

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

MCKM = N	lanaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	SUNIL KHIYANI	6019 BUENA VISTA COURT BOCA RATON, FL 33433	✓ Add ☐ Remove
<u>MGR</u>	SELENGICI DAVID	1430 N. FEDERALHWY BOAT LANGUAGE PC 3331	Add Remove
			Add Remove
	4 	म्म स्टब्स् १०० स्टब्स्	
	**************************************	LORIDA	S PAdd
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary	·)
	1221.00		
Dated	Signature of a member	of authorized representative of a member	
	SUNIC KALLY	• ,	
	i y peu	ar branca sentia os sibiles	

Page 2 of 2

Filing Fee: \$25.00