

**L10000090609**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

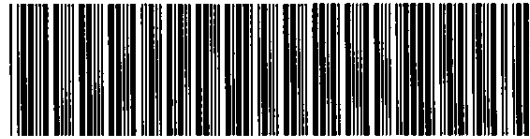
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 OCT 15 PM 12:59

**C. LEWIS**  
OCT 16 2012  
**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZEALOTECH SOLUTIONS, 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:

SUDERSHAN SHARMA

Name of Person

ZEALOTECH SOLUTIONS, LLC

Firm/Company

7280 SW 89TH ST, APT D201

Address

MIAMI, FL 33156

City/State and Zip Code

SSHARMA@ZEALOTECH.COM

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

For further information concerning this matter, please call:

SUDERSHAN SHARMA

Name of Person

at ( 305 )

4039575

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2012 OCT 15 PM 12:59

**ZEALOTECH SOLUTIONS, 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 8/20/2010 and assigned  
Florida document number L10000090609.

This amendment is submitted to amend the following:

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

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)**

7280 SW 89TH ST, APT D201

MIAMI, FL 33156

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 431463

SOUTH MIAMI, FL 33243-1463

**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:

SUDERSHAN SHARMA (Same as before.)

New Registered Office Address:

7280 SW 89TH ST, APT D201

*Enter Florida street address*

MIAMI

*City*

Florida

33156

*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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JYOTI BOTHRA	5736 JUBILEE WAY MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUDERSHAN SHARMA	5733 JUBILEE WAY MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUDERSHAN SHARMA	7280 SW 89TH ST, APT D201 MIAMI, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PIYUSH BOTHRA	7280 SW 89TH ST, APT D201 MIAMI, FL 33156	<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

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

Dated 10/08/2012



Signature of a member or authorized representative of a member

SUDERSHAN SHARMA

Typed or printed name of signee

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