

L12000100851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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2013 AUG 23 AM 8:25
STATE

J. SAULSBERRY
EXAMINER
AUG 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARETEX ENGINEERING 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:

Behnood Gholami

Name of Person

ARETEX ENGINEERING LLC

Firm/Company

1500 Washington St Apt 90

Address

Hoboken, NJ 07030

City/State and Zip Code

bgholami@aretexeng.com

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

For further information concerning this matter, please call:

Behnood Gholami

Name of Person

678 886-6400

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ARETEX ENGINEERING 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 August 6, 2012 and assigned
Florida document number L12000100851.

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)

483 Broadway, 2nd Floor

New York, NY 10013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 Washington St. Apt 90

Hoboken, NJ 07030

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

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	Dr. Behnood Gholami	1500 Washington St Apt 90	<input type="checkbox"/> Add
		Hoboken, NJ 07030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 JUN 23 AM 8:25
STATE OF NEW JERSEY
TREASURER'S OFFICE

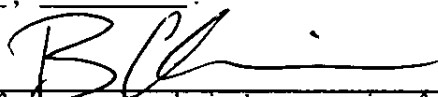
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Principal office address was updated

Mailing address was updated

Address of Dr. Behnood Gholami (MGRM) was updated

Dated August 19, 2013



Signature of a member or authorized representative of a member

BEHNOOD GHOLAMI

Typed or printed name of signee

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Filing Fee: \$25.00

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OFFICE OF STATE
CLERK OF FLORIDA