# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOSE PEREZ

Account Number : I20130000083

Phone : (305)436-0093 Fax Number : (305)436-0094

#Enter the email address for this business entity to be used for future Cannual report mailings. Enter only one email address please.\*\*

> Émail Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GENSARK LLC**

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1/2/2014

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

GENSARK 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:

# **JOSE PEREZ**

Name of Person

### JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

7325 NW 36TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

## JOSE.PEREZ@JPGBUSINESS.COM

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

For further information concerning this matter, please call:

JOSE PEREZ

,305,**200-865**7

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 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

2014 JAN -2 AM 9: 02

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	NSARK LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L12000153828	were filed on 12/02/2012 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	dlity company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1395 BRICKELL AVE STE 800		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1395 BRICKELL AVE STE 800 MIAMI, FL 33131		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City , Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent;	•		
I hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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If Changing Registered Agent, Signature of New Registered Agent

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TO:18506176383 FROM:7862171243

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> <u>Address</u> **MGRM** SOLER, MANUEL J 1395 BRICKELL AVE STE 800 MIAMI, FL 33133 MGRM BLOZOVSKA, OLHA 1395 BRICKELL AVE STE 800 MIAMI, FL 33133

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of a member or author	rized representative of a member	
MANUEL	. SOLER	
	<u> </u>	of a member or authorized representative of a member MANUEL SOLER

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Filing Fee: \$25.00

2014 JAN -2 AM 9: 02 SELVA JANSEE FLORIDA