

L13000002582

(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:

Office Use Only



700250883897

08/21/13--01036--002 **30.00

FILED

2013 AUG 21 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VESBAN ENTERPRISES PRIVATE LIMITED, 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:

Sunil Levanda

Name of Person

VESBAN ENTERPRISES PRIVATE LIMITED, LLC

Firm/Company

13680 NW 19 Ave, unit 16

Address

Opa-Locka, FL 33054

City/State and Zip Code

sunillevanda454@hotmail.com

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

For further information concerning this matter, please call:

Sunil Levanda

Name of Person

786 517-7640

at ()

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

FILED
2013 AUG 21 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VESBAN ENTERPRISES PRIVATE LIMITED, 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 01/07/2013 and assigned
Florida document number L13000002582.

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)

13680 NW 19 Ave, unit 16

Opa-Locka, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1928 Sunset Harbour Drive

Miami Beach, FL 33139

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:

Esperanza Olivo

New Registered Office Address:

1928 Sunset Harbour Dr

Enter Florida street address

Miami Beach

City

Florida 33139

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 | WETTASINGHE, DON N | 3313 NE 54TH ST | <input type="checkbox"/> Add |
| | | Miami, FL 33137 | <input checked="" type="checkbox"/> Remove |
| Mgrm | MURIN NONA, HERATH M | 3313 NE 54TH ST | <input type="checkbox"/> Add |
| | | Miami, FL 33137 | <input checked="" type="checkbox"/> Remove |
| Mgrm | Luis Olivo | 1928 Sunset Harbour Dr | <input checked="" type="checkbox"/> Add |
| | | Miami Beach, FL 33139 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 21 PM 4:39

FILED

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

Dated 8/16, 2013



Signature of a member or authorized representative of a member

Sunil Levanda

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 21 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA