

L14000056321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

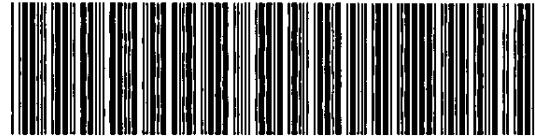
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECONALYSIS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** Amend L14000056321

The enclosed ~~Resignation of Registered Agent~~ for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

URSULA GUPTA  
Name of Person

ECONALYSIS LLC  
Name of Firm/Company

5500 Military Trail, Ste 22-134  
Address

Jupiter, FL 33458  
City/State and Zip Code

swissursi@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URSULA GUPTA at ( 561 ) 308-6980  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
14 JUN 23 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ECONALYSIS 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 4/7/14 and assigned Florida document number L14000056321.

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)

5500 Military Trail  
Ste 22-134  
Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5500 Military Trail  
Ste 22-134  
Jupiter, FL 33458

**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:

ZEUS CONSULTING

New Registered Office Address:

6213 WILLOUGHBY CIRCLE

Enter Florida street address

LAKE WORTH

Florida

33463

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 605, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>URSULA H. GUPTA</u>	<u><input checked="" type="checkbox"/> 5500 Military Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 22-134</u>	<input type="checkbox"/> Remove
		<u>Jupiter, FL 33458</u>	
<u>MGR</u>	<u>NAIWISH K. GUPTA</u>	<u><input checked="" type="checkbox"/> 663 Castle Drive</u>	<input type="checkbox"/> Add
		<u>Palm Beach Gardens</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33410</u>	
			<input 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.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/6/14, \_\_\_\_\_

Leesee Gupta  
Signature of a member or authorized representative of a member

Leesee Gupta  
Typed or printed name of signee