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PAGE 01/05

11/6/2014

L14000108638

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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office @ gulati law . com -

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACCRUESYS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCRUESYS, 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:

SARAH GULATI, Esq.

Name of Person

GULATI LAW, P.L.

Firm/Company

409 MONTGOMERY ROAD, SUITE 131

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

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

For further information concerning this matter, please call:

Sarah Gulati, Esq. of Gulati Law, P.L.

at (407) 900-5054

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 &
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(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

2014 NOV -6 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCRUESYS, 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 JULY 9, 2014 and assigned
Florida document number L14000108638

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6292 Battle gate Rd
Jacksonville, FL 32258

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

City

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	SWETHA LANDA	6292 BATTLEGATE ROAD,	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Mailing Address: 6292 BATTLEGATE RD, JACKSONVILLE, FL-32258

Authorized Person(s) Detail Name & Address

Title MGR GORANTLA, SATYANARAYANA 6361 AUTUMN BERRY CIR JACKSONVILLE, FL 32258

Title MBR LANDA, SWETHA 6292 BATTLEGATE RD JACKSONVILLE, FL 32258

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 3rd November, 2014

Signature of a member or authorized representative of a member

GORANTLA, SATYANARAYANA

Typed or printed name of signer