

L14 000 188434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 APR 28 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2016
J SHIVERS

207



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2016

ANJAN GHOSAL
481 SPRING LAKE DR
MELBOURNE, FL 32940

SUBJECT: SH EXOTIC AUTO RENTALS LLC
Ref. Number: L14000188434

We have received your document for SH EXOTIC AUTO RENTALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00007650

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SH EXAUTIC AUTO RENTALS LLC.

DOCUMENT NUMBER: L-14000188434

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANJAN GHOSAL

Name of Contact Person

SH EXAUTIC AUTO RENTALS LLC.

Firm/ Company

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

SH EXOTIC AUTO RENTALS 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 9TH DEC, 2014 and assigned Florida document number L14000188434

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GHOSAL MEDIA AND ENTERTAINMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

same address

(481 SPRING LAKE DR
MELBOURNE FL 32940)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same address

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

04/23/2016
Signature of a member or authorized

Signature of a member or authorized representative of a member

Surjit Ghosal

Typed or printed name of signee

FILED
18 APR 28 AM 7:07
on the earlier of:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA