

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

5/1/2015

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From:

05/01/2015 Follat ED #270 P.002/004

2015 MAY -1 AM 8: 40

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONALLAHASSEE, FLORIDA

	AYSARA, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a a Limited Liability Company)	records,)		
The Articles of Organization for this Limited Liability C Florida document number <u>L15000074791</u>	Company were filed on 04/28/2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
AYSARA CAPITAL, LLC				
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)			
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our re lress bere:	cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
, Florida				
	Clty	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

05/01/2015 10:21

#270 P.003/004

_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		•	
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			Change
	Water to the state of the state	***************************************	🗆 Add
			☐ Remove
			Change
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	AND		
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	man first first fill the contests recent to be not all managers and on a second second		Add
			☐ Remove
			☐ Change
			Add
			☐ Remove

From:

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: 11	e date, if other than the date of filing:	.0207 (3)(b) ed as the
If the reco (b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the day after the record is filed.	er of:
Dated _	MAY 15T . 2015.	
	Signature of a member or authorized representative of a member	
	RAKESH KHILNANI	
	Typed or printed name of signee	

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Filing Fee: \$25.00