

L15000123031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

9

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 FEB 12 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 FEB 12 AM 10:48

K. SALLY
EXAMINER

FEB 19

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 010776 8057092

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 9, 2016

ORDER TIME : 8:43 AM

ORDER NO. : 010776-005

CUSTOMER NO: 8057092

DOMESTIC AMENDMENT FILING

NAME: GSOURCE TECHNOLOGIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2016

CSC
COURTNEY WILLIAMS

RESUBMIT

Please give original
submission date as file date.

RECEIVED
DEPARTMENT OF STATE
16 FEB 18 AM 10:51

SUBJECT: GSOURCE TECHNOLOGIES, LLC
Ref. Number: L15000123031

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

Please state who you are removing and who you are adding, along with the titles.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00003078

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gsource Technologies, 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:

SANDEEP MAHADIK

Name of Person

GSOURCE TECHNOLOGIES, LLC

Firm/Company

13065 SW 26 ST

Address

MIRAMAR FL 33027

City/State and Zip Code

sandeep.m@gsource.in

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

For further information concerning this matter, please call:

SANDEEP MAHADIK

Name of Person

234 2000582

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Gsource Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 FEB 12 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/17/2015 and assigned
Florida document number L15000123031.

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)

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 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>
MGR	RICHARD SCOTLAND	13065 SW 26TH ST	<input type="checkbox"/> Add
		MIRAMAR FL 3027	<input checked="" type="checkbox"/> Remove
AMBR	SANDEEP MAHADIK	13065 SW 26TH ST	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33027	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2016 FEB 12 AM 10:01
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

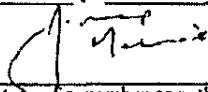
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

changing from manager to member managed

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 February 15th, 2016



Signature of a member or authorized representative of a member

Sandeep Mahadik

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2016 FEB 12 AM 10:01
CLERK OF STATE
TALLAHASSEE, FLORIDA