

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000034775 3)))



H170000347753ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: MBA ACTIVATION, LLC

Account Number : I20130000007

Phone |

: (786)439-9847

Fax Number

: (786)360-3201

\*\*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 VESBAN CEYLON ENTERPRISES PVT, LUC

Certificate of Status 0 0 Certifiéd Copy 01 Page Count Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB - 7 2017

02/06/2017 10:48AM FAX 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2017 FEB - 1 AM 11: 30

MALLAHASSEE, FLORING

Vesban Ceylon Enterprises Pvt, 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 Lia	bility Company were filed on	02/04/2016	and assigned
Florida document number	L1600002422	20		
This amendment is submitted	d to amend the follow	wing:		
A. If amending name, ente	er the new name of	the limited liability company he	ere:	
The new name must be distinguish	table and end with the w	ords "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices	address, if applica	ble:		
(Principal office address M	<u>UST BE A STREET</u>	ADDRESS)		
	!			
	!			
Enter new mailing address	, if applicable:			
(Mailing address MAY BE)	<u>A POST OFFICE B</u>	(OX)		
B. If amending the registered agent and/or the		r registered office address or ice address here:	our records, <u>enter</u>	the name of the new
Name of New Regi	istered Agent:	Clarette Florvil		
New Registered Of	ffice Address:	1928 Sunset Harbour	Dr., A27	
14CW REEISTOICE OF	Tice / teatesis.	Enter Florido street address		
	1	Miami Beach	, Florida	33139
	:	City		Zip Code
New Registered Agent's Sign	sture, if changing Re	egistered 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

Page 1 of 3

MGR = Manager

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:

<u>Title</u>	Name	Address	Type of Action	
Pres	Raul L. Linares Amundaray	1928 Sunset Harbour Dr., Az	27 D Add	
	:		■ Remove	
	:	USA	-	
MGR	Clarette Florvil	1928 Sunset Harbour Dr., A2	27 ■ Add	
		Miami Beach, FL 33139 GRemove		
		USA	_ \$\frac{1}{2}\$	
<del></del> _			D Add	
			Remove	
			WILL A	
<del></del>		<u> </u>	EB - I AND SEE DREMOVE	
			SEE Remove 12.30	
			Remove	
			Add	
٠			Remove	

D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if	(necessary.)
E. Effective date, if other than the date (The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90	optional) days after
Dated February 1st	<u>2017</u> .	
Si	guature of a member or authorized representative of a member	
Su	nil Levanda - Former Preside	nt
	Typed or printed name of signee	MITEB-1 MII: 30

Page 3 of 3

Note: Please update my EIN: 81-2868182 on your records. Thank you!