

L16000108431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

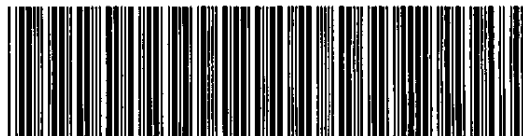
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700288453307

08/02/16--01032--017 \*\*35.00

FILED  
2016 SEP - 7 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP - 9



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2016

SHARP LLC  
AJAY PATEL  
11817 NW 12TH DR.  
CORAL SPRINGS, FL 33071

SUBJECT: SHARP LLC  
Ref. Number: L16000108431

2016 SEP -7 PM 5:07  
TALLAHASSEE, FLORIDA

We have received your document for SHARP 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 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: 516A00016456

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHARP 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:

ANANDKUMAR PATEL  
Name of Person

SHARP LLC  
Firm/Company

11817 NW 12TH DR  
Address

CORAL SPRINGS FL ~~33074~~ 33071  
City/State and Zip Code

AJAY30686@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

*PD \$35.00*

**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

SHARP LLC

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

FILED  
2016 SEP -7 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/05/2016 and assigned  
Florida document number L16000108431.

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 contain 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:

ANAND KUMAR PATEL

New Registered Office Address:

11817 NW 12TH DR

*Enter Florida street address*

CORAL SPRINGS

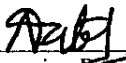
*City*

, Florida 33071

*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

**MGR = Manager**  
**AMBR = Authorized Member**


FILED  
2016 SEP - 1 PM 4: 56  
Remove  
Change  
Add  
Remove  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP - 7 PM  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
2006 SEP - 7 PM 4:56  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
ALLIANCE

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 17TH, 2016

  
Signature of a member

Signature of a member or authorized representative of a member

AJAY KUMAR PATEL

Typed or printed name of signee