## 117000243796

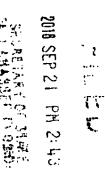
<u></u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
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M. MILLIGAN SEP 2 6 2018



September 4, 2018

RON BAPAT 318 SHARON GARDEN CT WOODBRIDGE, NJ 07095

SUBJECT: INNOVIOR RESEARCH LLC

Ref. Number: L17000243796

We have received your document for INNOVIOR RESEARCH 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 018A00018282

Michelle Milligan Senior Section Administrator

www.sunbiz.org

## **COVER LETTER**

Divi	sion of Corpo	rations		
SUBJECT:	INNOVIOR F	RESEARCH LLC		
SUBSECT.	·····-	Name of Limit	ed Liability Company	·
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		RON BAPAT		
			Name of Person	·····
		N.N. BAPAT		
Firm/Company				
		318 SHARON GARDEN	CT	
			Address	
		WOODBRIDGE NJ 07099	5	
		ranjanbapat@yahoo.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please cal	l:	
Ron Bapat			646 239-7643	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

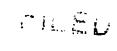
TO:

**Registration Section** 

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



The Articles of Organization for this Limited Liabi		and assigned	
Florida document number L 17000243796	·		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)	<u>,                                     </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-		orida	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
- <del>MOR</del>	MAYANK N BHANUSHALI	111 NORTH ORANGE AVE SUITE 800 ORLANO FL32801	<b>≅</b> Add
lanagry	Dactor		Aud
U			□ Remove
			☐ Change
AMBR	NANJI D BHANUSHALI	111 NORTH ORANGE AVE SUITE 800 ORLANO FL32801	Add
			Remove
			Change
AMBR	JYOTSNA N BHANUSHLI	111 NORTH ORANGE AVE SUITE 800 ORLANO FL32801	■ Add
			☐ Remove
			Change
AMBR	POONAM M BHNUSHALI	111 NORTH ORANGE AVE SUITE 800 ORLANO FL32801	<b>B</b> Add
			□ Remove
AMBR	JUHI N BHNUSHALI	111 NORTH ORANGE AVE SUITE 800 ORLANO FL32801	Add
			Pemove
			□ Change
			Add
			☐ Remove
			☐ Change

Page 3 of 3	4.857 GC	21 PM	Y
MAYANK N BHANUSHALI  Typed or printed name of signee	12 12 12 12 12 12 12 12 12 12 12 12 12 1	ZDNI SEP	·" į
Signature of a member or authorized representative of a member		<b>^</b> -	
Myhurshi			
Dated SEPTEMBER 17TH 2018			
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.r (b) The 90th day after the record is filed.	n. on the ea	rlier of	f:
E. Effective date, if other than the date of filing:  (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 fil Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	al) ing.) Pursuant to ate will not be l	605.0207 listed as	′ (3)(b the
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)		

Filing Fee: \$25.00