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Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DAA RIVERFOREST LLC

|                       |         |
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JUN 01 2018  
J. HARRIS

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

DAA RiverForest 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 Liability Company were filed on 05/17/2018 and assigned  
Florida document number L18000123859

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:

New Registered Office Address:

Enter Florida street address

City: \_\_\_\_\_; Florida \_\_\_\_\_  
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

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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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|----------------|------------------------------------|--|
| MGR          | Ganesh Sherron | 454 Nautical Blvd.                 | <input checked="" type="checkbox"/> Add    |
|              |                | Oakville, Ontario, L6L 0A6         | <input type="checkbox"/> Remove            |
|              |                | Canada                             | <input type="checkbox"/> Change            |
| MGR          | D. Arvind      | Sabar Pl., J.B. Nagar, Andheri (E) | <input checked="" type="checkbox"/> Add    |
|              |                | Mumbai, MH 40005-9                 | <input type="checkbox"/> Remove            |
|              |                | India                              | <input type="checkbox"/> Change            |
| AMBR         | Ganesh Sherron | 454 Nautical Blvd.                 | <input type="checkbox"/> Add               |
|              |                | Oakville, Ontario, L6L 0A6         | <input checked="" type="checkbox"/> Remove |
|              |                | Canada                             | <input type="checkbox"/> Change            |
| AMBR         | D. Arvind      | Sabar Pl., J.B. Nagar, Andheri (E) | <input type="checkbox"/> Add               |
|              |                | Mumbai, MH 40005-9                 | <input checked="" type="checkbox"/> Remove |
|              |                | India                              | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer

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TO: DIRECTOR, FBI  
FROM: SAC, NEW YORK  
SUBJECT: [REDACTED]  
RE: [REDACTED]