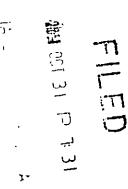
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GSIK LEM TURNER 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:	
VENKATA GODIPATI Name of Person	
GISK LEW TURNER LLC Firm/Company	
Address SACKSONVILLE, FL, 72256 City/State and Zip Code Al Comm SALES & GMAGL. Communication) E-mail address: (to be used for future annual report notification)	h =
JACESONVILLE, FL, 72256 City/State and Zip Code	- - -
A1 COMM SALES & GMATL. COMT E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additio	

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

		
(Name of the Limited Liability C (A Florida Li	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) tion for this Limited Liability Company were filed on(O / 24 20 8 and assigned tr	
The Articles of Organization for this Limited Liability Com		24 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		7: \$\frac{1}{2} \tag{1}{2}
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
P. If amonding the registered egent and/or register	rod office address on our	
registered agent and/or the new registered office addres		. 9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	(A Florida Limited Liability Company) If Organization for this Limited Liability Company were filed on	, Florida
	City	Σιρ 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIJAYA KUMAR ROGOOY INDHUPURU	2240 N CYPRESS BENEARD BE	<u>D</u> Add ACU, F ² L \$3069 □ Remove
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fective date, if other than the effective date is listed, the date inserted in the cument's effective date on	ate must be specific and cannot this block does not meet the	ot be prior to date of filing he applicable statutory	or more than 90 days after	er filing.) Pursuant to 60	
record specifies a de The 90th day after the		but not an effect	ve time, at 12:01	a.m. on the earl	liei
ted					
(Nonvaka	\bigcirc			
	Signature of a member	er or authorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00