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# **COVER LETTER**

Division of Corporations
SUBJECT: TEGA TALK (ONSULTING, 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:
Ju; Vor A Name of Person
TECH TALK CONSULTING LLC Firm/Company
11010 WILNEAT D.C. Address
LIVERVIEW, FOR 33579  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To: Vo.CA at (873) 672-1416  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee, Certificate of Status □ \$60.00 Filing Fee, Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)

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

TECH TAL	K CONSULTING LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records. orida Limited Liability Company)	.)	,
The Articles of Organization for this Limited Liability	ty Company were filed on <u>JULY</u> , 17	<u>, 2012</u> ai	nd assigned
Florida document number <u>L 1 2 0000 9 2 30</u>			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	The state of the s		41 T C 2
		or the aborevian	IOII L.L.C.
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET AL</u>	ODRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
			3
		> 2	# House
B. If amending the registered agent and/or re	egistered office address on our records,	enter the p	ame of the nev
registered agent and/or the new registered office a	address here:		5 ["
			s Lu
Name of New Registered Agent:		10 mg/s	
		SA 2	•
New Registered Office Address:	Enter Florida street address		
	Enter Florida Street address		
_	, Flor		
	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

<u>Title</u>	Name	Address	Type of Action
MAR	SHRENIK VORA	11010 WLACAT DR	<b>∑</b> Add
		RIVERVIEW, FL 33579	Remove
			Change
			Add
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	i Vo	)2A -	MGK >	34 1/3	partner	
ANU	HYNA L	JORA -	MUR >	33 %.	partier	
SHRI	ENIK_	VORA -	M4R -> M4R -> M4R ->	331.	partner.	<del></del>
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n effective da te: If the d	te is listed, the ate inserted n	n this block does	filing: ic and cannot be prior to date not meet the applicable st t of State's records.			ant to 605,02
		he record is fi		effective time, at	: 12:01 a.m. on th	e earlier
ed	- ly	12	, 2015 And			
	<del></del> -	Signature	of a member or authorized i	epresentative of a mem	ber	
			. •			

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Filing Fee: \$25.00