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TALLAHASSEF, FI ORIO

B. BOSTICK

JAN 2 5 2011

EXAMINER

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COVER LETTER

TO: Registration Division of C	n Section Corporations					
SUBJECT:	Seva Te	chnologies, LLC				
		ited Liability Company				
	of Amendment and fee(s) are su	_				
		Sunil Verma				
		Name of Person				
	Seva Technologies, LLC					
	Firm/Company					
		Address				
	II TALL					
		City/State and Zip Code	JAN 2.			
	SUI E-mail address: (nilverma06@gmail.com (to be used for future annual report notification)	— XSS			
For further information	on concerning this matter, please	•				
	Sunil Verma	at (850) 321-5348	GTATE			
Nan	ne of Person	Area Code & Daytime Telephone No				
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)			
Reg Div P.O	ALLING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEVA TECHNO					
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on ited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Con Florida document numberL0300001960	mpany were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	"the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u> </u>	TA S			
		A C			
Enter new mailing address, if applicable:		HASSE			
(Mailing address MAY BE A POST OFFICE BOX)					
		LORI 5			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		DA 6			
Name of New Registered Agent:					
New Registered Office Address:	red Office Address: Enter Florida street address				
		, Florida			
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

.'
MGR = Manager
MGRM = Managing Member

... •

<u>Title</u>	<u>Name</u>		Address	Type of Action
Mrs.	Loveleen Ve	erma	1208 Greensward Drive Tallahassee, FL 32312 MGRM	Add Remove
	_			Add Remove
				Add Remove
				Add Remove
	_			Add Remove
			- I	Add Remove
D. If ar	nending any other info	ormation, enter change(s)) here: (Attach additional sheets, if necessary)	II JAN
		Share in the compan		2 11
	Sunil Verma	Share in the compan	ny 15%	_ ¬
	Danny O'Donnell	Share in the compar		£ 0
	Jason Fauble	Share in the compar	ny 25%	- 56 -
	Reddy Ojili	Share in the compar	ny 25%	_
Dated _	JANUARY :	<u>21 , 2011</u>	·	
		Signature of a member or	authorized representative of a member	
		SuriL V	(SE MA printed name of signee	
		Typed or p	printed name of signee	

Page 2 of 2

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