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# **COVER LETTER**

Division of Cor			
suвјест: Kayaka	Consulting, LLC		
	(Name of Limi	ited Liability Company)	
	Amendment and fec(s) are sub	•	
	Syed Ahmed		
		(Name of Person)	
	Kayaka Consulting, LLC		
		(Firm/Company)	
	569 Palio Court		
		(Address)	DB JUN 27 PM 1:48 SECTIONS OF STATE ALL MASSEE FLORIDGE
	Ocoee, FL 34761		
		(City/State and Zip Code)	E PAR
For further information c	oncerning this matter, please c	all:	ORIGA ORIGA
Syed Ahmed		at ( 407 ) 877-3236	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing 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:

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

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2008

SYED AHMED 569 PALIO COURT OCOEE, FL 34761

SUBJECT: KAYAKA CONSULTING, LLC

Ref. Number: L07000108606

We have received your document for KAYAKA CONSULTING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calc (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 408A00037258

JB JUN 27 PM 1:

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kayaka Consulting, LLC (Name of the Limited	Liability Compa	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number L07000108606			and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	SE J.	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the d	esignation "The" or the abbreviation	
Enter new principal offices address, if applic	able:	569 Palio Court	2	
(Principal office address MUST BE A STREE	T ADDRESS)	Ocoee, FL 34761	STATE STATE	
Enter new mailing address, if applicable:		P.O. Box 579 Ocoee, FL 34761		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or the new registered of			rds, enter the name of the new	
Name of New Registered Agent:	Syed Ahmed			
New Registered Office Address:	569 Palio Cou		ida street address)	
	Ocoee		, Florida <u>34761</u>	
		(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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kalpana K. Malligere	569 Palio Court Ocoee, FL 34761	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			SECHESSE TAIL ARESSE
			PH 1: 48
D. If am	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.	)
	Address for Existing Managing Memb	per:	
	Ramesh P. Sannegowda		
	569 Palio Court		
	Ocoee, FL 34761		
Dated Jul	lam	2008	<u> </u>
	Signature of a	member of authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00