L08000086467

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bi	usiness Entity Nam	ne)		
(D	ocument Number)			
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SECRETARY OF STATE

J. BRYAN

OCT 3 0.2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations		,	
SUBJECT:	LLC			
		ited Liability Company		
	••			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:	•	
		MICHELLE DY		
		. Name of Person		
	CONVE	RGENT MANAGEMENT	LLC	,
		Firm/Company		2012 OCT PAECIAEI
	4600 WEST	CYPRESS STREET SU	ITE 120	
		Address		29 AFY
		TAMPA FL 33607		T 29 PH 1: 40 HASSEE, FLORIDI
	<u> </u>	City/State and Zip Code		
graphics denter they are the section of the party of the section o	MICHELL	E@CONVERGENTCAP.	СОМ	OA O
For further information	concerning this matter, please	•	ourication)	
M	ICHELLE DY	_{at (} 813 ₎	386-4908	
	of Person		ime Telephone Number	r
			,	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	oorations Center Circle	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Compar	AL PARINEI 14 aș it now appears	on our records.)		
(A F	lorida Limited L	iability Company)			
The Articles of Organization for this Limited Liab Florida document number L080000864		were filed on	09/06/2008	arthassigned FILEU 1:40	
This amendment is submitted to amend the follow	•			28 PM C	
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company here	:	7. 15 10 15 15 15 15 15 15 15 15 15 15 15 15 15	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compan	y," the designation "I	LC" of the abbreviation	
Enter new principal offices address, if applicable:		4600 WEST CYPRESS STREET			
(Principal office address MUST BE A STREET ADDRESS)		SUITE 120			
		TAMPA FL 33	607 US		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4600 WEST CYPRESS STREET SUITE 120			
The state of the s		TAMPA FL 33607 US			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ice address on ou		he name of the new	
	AROO MEST	CVDDESS ST	DEET QUITE 400	<u> </u>	
New Registered Office Address:	4600 WEST CYPRESS STREET SUITE 120 Enter Florida street address				
·					
•		TAMPA City	, Florida	33607	
		cuy		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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name** Address Type of Action MGR CONVERGENT MANAGEMENT LLC 3105 WEST WATERS AVENUE. Remove SUITE 107 **TAMPA FL 33614 US** CONVERGENT MANAGEMENT LLC MGR 4600 WEST CYPRESS STREET SUITE 120 TAMPA-FL-33607 US Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Santosh Govindaraju
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00