## L09000004306

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
-				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
· •				
·				

Office Use Only



700173424717

03/31/10--01009--007 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR - 1 2010

EXAMINER

## **COVER LETTER**

TO:	Registration So Division of Con					
SUBJECT: Meta Analytix LLC						
5000		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Name of Person			
9745 Touchton Road, #2426						
Address						
		Ja	acksonville, FL, 3224	6		
City/State and Zip Code kishore@metaanalytix.com						
		E-mail address: (	to be used for future annual rep	ort notification)		
For fu	ther information of	concerning this matter, please c	all:			
	Ki	shore S Nair	at ( 866 )	6118595 Ext 2		
	Name o	of Person		Daytime Telephone Number		
Enclos	sed is a check for t	he following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is o	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. B	LING ADDRESS: cration Section on of Corporations lox 6327 assee, FL 32314	Registratio Division o Clifton Bu	f Corporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

META ANAL					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Company were filed on01/14/2009				and assigned	
Florida document number <u>L0900004306</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abb	previation	
Enter new principal offices address, if applicable:	4800 Spring	Park Road			
(Principal office address MUST BE A STREET ADDRESS)	Box #18			2	
	Jacksonville	, FL - 32207	5	SEC	
			1AR		
Enter new mailing address, if applicable:	4800 Spring	Park Road	<u> </u>	935 275	
(Mailing address MAY BE A POST OFFICE BOX)	Box #18		2	200	
	Jacksonville	, FL - 32207	<u>ন্</u>	တို့တ	
			70°	ATE	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter t	he name of	tie new	
Name of New Registered Agent:					
New Registered Office Address:					
Ton regionales office / fedicas.	E	nter Florida street add	ress		
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>Address</u> Type of Action **Title** <u>Name</u> MGR Kishore S Nair 9745 Touchton Road ✓ Add #2426. Jacksonville, FL - 32246 Remove MGRM Charles Rorick 929 Richland Ridge Dr. 🗹 Add Wake Forest NC - 27587 Remove **MGRM** Rajiv S Parikh ✓ Add 9313 FAWN LAKE DR. RALEIGH, NC 27617 Remove Sarah C Spelsberg MGRM 9745 Touchton Road ☐ Add #2426, Jacksonville, FL - 32246. Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please note that Kishore Somanathan's name has been changed to Kishore S Nair 03/29/ 2010 Signature of a member or authorized representative of a member KISHORE SOMANATHAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00