

# LD9000019265

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2009 AUG -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
Aug. 5, 2009  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
SURENDER REDDY SAMA

(Name of Contact Person)

\_\_\_\_\_  
COMPLETE ONLINE LLC

(Firm/ Company)

\_\_\_\_\_  
905 BRICKELL BAY DR #2029

(Address)

\_\_\_\_\_  
MIAMI, FL 33131

(City/ State and Zip Code)

\_\_\_\_\_  
surender@fauz.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
SURENDER REDDY SAMA

(Name of Contact Person)

at ( 732 ) 2076275

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2009

SURENDER REDDY SAMA  
COMPLETE ONLINE LLC  
905 BRICKELL BAY DR #2029  
MIAMI, FL 33131

SUBJECT: COMPLETE ONLINE LLC  
Ref. Number: L09000019265

We have received your document for COMPLETE ONLINE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 709A00025143

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2009 AUG -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COMPLETE ONLINE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02-25-09 and assigned  
Florida document number L09000019265.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered 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 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:

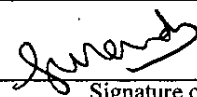
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>               | <u>Address</u>                                                           | <u>Type of Action</u>                                                      |
|--------------|---------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | UMA MAHESWARISAMA         | PLOT NO 111, HIG.<br>PHASE-1 VANASTHALI TOWAN<br>HYDRABAD, INDIA, 500070 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              | <del>788 NW 151 AVE</del> |                                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGR          | SAREDDY, RAJKUMAR L       | <del>788 NW 151 AVE</del><br>PENGROVE PINES<br>FL 33028                  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                           |                                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                           |                                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                           |                                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 07/30/2009

  
Signature of a member or authorized representative of a member

SURRENDER REDDY SAMA  
Typed or printed name of signee

FILED  
2009 AUG -4 PM 3:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE