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COVER LETTER

	istration Sect ision of Corpo			
CUDIFOR	IPROCED	IRES LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		RAJSEKHAR POPU	RI	
			Name of Person	<u> </u>
		IPROCEDURES		
			Firm/Company	
		2249 STEVEN ST		
			Address	···
		CLEARWATER FL 3	33759	
			City/State and Zip Code	
		RAJ.POPURI@IPRO		
		E-mail address: (to	o be used for future annual report notifica	ation)
For further in	nformation cor	ncerning this matter, please ca	ill:	
RAJSEK	HAR POPL	JRI	813 4531718	
	Name of I	Person	at ()	elephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



IPROCEDURES 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 11/12/2009 and assigned
Florida document number L09000109549	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
	SUCCESSION AND A SECOND OF THE COMMENTS OF THE
The new name must be distinguishable and end with the words "Limited Lial	
Enter new principal offices address, if applicable:	2502 N ROCKY POINT DR
(Principal office address MUST BE A STREET ADDRESS)	STE 800
	TAMPA FL 33607
Enter new mailing address, if applicable:	2502 N ROCKY POINT DR
(Mailing address MAY BE A POST OFFICE BOX)	STE 800
	TAMPA FL 33607
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, enter the name of the new
Now Posistavad Office Address	
New Registered Office Address:	Enter Florida street address
	FI. 11.
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 605, 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 Authorized Membe	r on our records, <u>eı</u>	nter the title, name, and address	of each Manager or
<u>Authorized</u>	Member being added or removed from	m our records:	FILED	
MGR = M			200	
AMBR = At	uthorized Member		LUIANON 14 PM	
<u>Title</u>	<u>Name</u>	Address	2014 NOV 14 PM 1:55 SEURETARY OF STATE FLORIDA	Type of Action
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	te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

