LMODOIIF4B

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D Fakhan)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
1 CELLERS
L. SELLERS
AUG 2 5 2010
EXAMINED

Office Use Only



500184515625

08/24/10--01013--018 **60.00

SECRETARY OF STATE TALLAHASSEE FLORID.

The Financial Consulting Group, L.L.C.

Professional, "Personalized" Tax and Financial Solutions

August 20, 2010

Florida Dept of State Registration Section Divisions of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir/ Madam,

Enclosed please find 2 copies of Amendment to Articles of Organization of Murthy Consultancy Services LLC along with the cover letter. We have also enclosed \$60.00 fees which is Filing Fee, Certificate of Status & Certified Copy.

Any correspondence regarding this matter contact Michael M. Husbands at 732-981-0889

If you have any additional questions, please contact me at our office.

Sincerely Yours,

Michael M. Husbands President and CEO

The Financial Consulting Group, L.L.C

COVER LETTER

, نــ					
SUBJECT:					
SUBJECT: Murthy Consultancy Services LLC Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Michael M. Husbands			
	The Financial Consulting Group LLC				
Firm/Company					
	15 Corporate Place South - 320				
Address					
Piscataway, NJ 08854					
City/State and Zip Code					
	murthy12342004@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please ca	all:			
Michael M. Husbands		at (732) 98 Area Code & Daytime T	1 - 0889		
Name	e of Person	Area Code & Daytime 1	elephone Number		
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)	\$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

TO:

Registration Section
Division of Corporations

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

Murthy Consul	Itancy Services	LLC		_	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appeated Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Completion of Complete Logonometric Logo			<u>9</u> and a	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company he	ere:			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	pany," the designation "I	LLC" or th	ne abbreviati	OI
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>				-
•				 .	-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					-
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	he name	e of the no	2 W
Name of New Registered Agent:			SEC	<u> </u>	-
New Registered Office Address:	E	nter Florida street ada	-	AUG 24	
		, Florida	17 C	<u>⊋</u> m	_
	City		ZID Co	onia 🔘	
New Registered Agent's Signature, if changing Registered Ag	gent:		8H	37	

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>	Name	Address	Type of Action
MGRM	Pradeep J. Parekh	53 Mahesana Society, Nava Wadej, Bhimiipura, Ahmedabad - 380013	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			<u> </u>
Dated	Medical		
	Signature of a me	ember or authorized representative of a member	
		Michael M. Husbands	
	T	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00