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| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

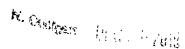


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FILED

2115 DEC 14 PM 12: 31





dpierce@lindabury.com

December 9, 2015

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

Re: Murthy Consultancy Services, LLC

Dear Sir/Madam:

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following in the enclosed, stamped envelope.

David R. Pierce, Esq.
Lindabury, McCormick, Estabrook & Cooper, P.C.
P.O. Box 2369
Westfield, New Jersey 07091
dpierce@lindabury.com

For further information concerning this matter, please call: David R. Pierce at 908-233-6800 Ext. 2352

Enclosed is a check for \$25.00 for the filing fee.

Thank you.

Very truly yours,

LINDABURY, McCORMICK, ESTABROOK & COOPER, P.C.

David R. Pierce, Esq.

DRP:pdp

Enclosures

c:

Murthy Devalaraju

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

FILED 2015 DEC 14 PM 12: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Murthy Consultancy Services, LLC

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

| (7) | Tiorida Ellittica Elability Co | ompany) | |
|---|--------------------------------|-----------------------------------|------------------------|
| The Articles of Organization for this Limited Liabs | lity Company were file | ed on November 19, 2009 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of th | e limited liability com | pany here: | |
| MNA Murthy, LLC | | | |
| The new name must be distinguishable and contain the word | s "Limited Liability Compa | ny," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office | registered office add | lress on our records, ente | er the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida street address | |
| | | , Florida | |
| - | City | , 1 loi lua _ | Zip Code |
| New Registered Agent's Signature, if changing Reg | istered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
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| fective date, if other than the date of filing: | filing.) Pursuant to 605.0207 |
| ocument's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed. | .m. on the earlier of |
| ated <u>December 7</u> , 2015. | |
| N_{c} | |
| Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00