

L10000083136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

- ☐ PICK-UP ☐ WAIT ☐ MAIL

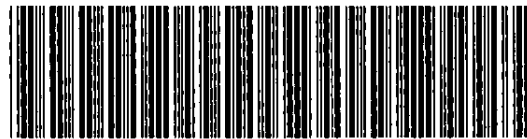
(Business Entity Name)

(Document Number)

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08/16/12--01020--001 \*\*25.00

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12 AUG 16 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 17 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYNLOGIQ, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOUREN SARKAR  
Name of Person

SYNLOGIQ, LLC  
Firm/Company

2650 STEEPLECHASE RD  
Address

DAVIE, FL 33330  
City/State and Zip Code

louran.sarkar@veritiq.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOUREN SARKAR at (786) 348-5595  
Name of Person Area Code & Daytime Telephone 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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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12 AUG 16 AM 11:23  
TALLAHASSEE, FLORIDA

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

SYNLOGIQ, 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 08/09/2010 and assigned  
Florida document number L10000083136.

This amendment is submitted to amend the following:

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

VERITIQ, LLC

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)**

12555 ORANGE DR #275  
DAVIE, FL 33330

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12555 ORANGE DR #275  
DAVIE, FL 33330

**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:**

SARKAR, LISA L

**New Registered Office Address:**

2650 STEEPLECHASE RD

*Enter Florida street address*

DAVIE

*City*

Florida

33330

*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.*

Lisa Sarkar

**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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
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|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

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

\_\_\_\_\_

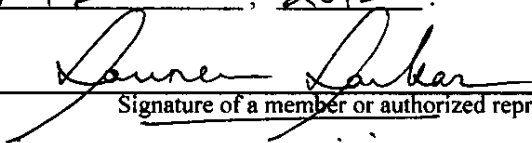
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 TALLAHASSEE, FLORIDA

Dated 08 / 13, 2012.



Signature of a member or authorized representative of a member

SOURN SARKAR

Typed or printed name of signee