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(Address)				
(Ac	idress)			
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PICK-UP	☐ WAIT	MAIL.		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

DEC - \$ 2011

EXAMINER

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJE	CCT:	Meridien T	echnologies, LLC	
			ted Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	TALLAHASSEE, FLORIBA
			H. David Murray	题号 广
			Name of Person	
		Mer	idien Technologies, LLC	
			Firm/Company	ST. S.
			203 N Lewis St	Dri V
			Address	
		L	aGrange, GA 30240	
			City/State and Zip Code	
		pmu	rray@meridienrugs.com to be used for future annual report notifica	dans
For furt	her information	concerning this matter, please c	-	non)
	н	David Murray	at (706) 83	37-0008
		of Person	Area Code & Daytime T	
Enclose	ed 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)
		LING ADDRESS:	STREET/COURIE	R ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporati	ons

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meri	dien Technologies, LLC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears of orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab		8/27/2010 and ass	igned
Florida document number L100000901	<u> </u>	7.0 1	A
This amendment is submitted to amend the follow	_	ALLAHAS	igned FILED
A. If amending name, enter the new name of the	ne limited liability company here:	SERGI T	6
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	" the designation "LLC of the a	bereviation
Enter new principal offices address, if applicab	le:	,	
(Principal office address MUST BE A STREET)	ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name o	f the new
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 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>	Address	Type of Action
MGRM	Chandra Tiwari	1048 Union Grove Rd SE Adairsville, GA 30103	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessor)	FILED 2011 DEC -5 PM 1:4
Dated	November 29 , 20°		AND
	_	or authorized representative of a member	
	Typed o	. David Murray or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00