## 211000047366

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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D. BRUCE

## COYER LETTER

TO:	Registration Section , Division of Corporations					
SUBJE	i CT:	EE-	MILL	SOLUTIONS	LLC	
				Name of Limited Lial		

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

Please return all correspondence concerning this matter to the following:

SEETHAPATHI R LATCHIREDDI Name of Person		
EE-MILL SOLUTIONS LLC Firm/Company		
1470 UNIVERSITY VILLAGE Address		
SALT LAKE CITY UT 84104  City/State and Zip Code	20 00	77
E-mail address: (to be used for future annual report notification)	T-4 P	
For further information concerning this matter, please call:	Figure 3:	Canal Canal
SEET I+ A PATH Z RAO (ATCHERDDER 320) 300 4424  Name of Person Area Code & Daytime Telephone Number	NO.	

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

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

CHADUVUIA (ONSULTAN' (Name of the Limited Limi	v as it now a	ppears on our records. any)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 1 1 0000 47366	were filed on	APRIL 20, 20	11 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compan	<u>v here</u> :	
EE-MILL SOLUTIONS LLC The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability C	Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			26 2
(Principal office address MUST BE A STREET ADDRESS)	***************************************		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		UNIVERSITY LAKE CITY	VIEGAGE TO
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our records, ent	er the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	*	
New Registered Office Address:		Enter Florida street	address
<del></del>	Citv	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Coue

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□
<del></del>	***************************************		Add
			Remove
<del></del>	***************************************	<del></del>	Add
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			OCCI -4 Pre 3: Ocemove
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ited	10/,/13
	1. (lhtilo
	Signature of a member or authorized representative of a member
	SEETHAPATHE RAO LATCHEREDDI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TILED 3:08 PH 3:08