# 11000051198

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## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT: Jeevy	/ Computing, LLC	
SUBSECT.	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:	
ricase return an correspo	Venkata S Konuru	
	Name of Person	
	Jeevy Computing	
	Firm/Company	75 <b>25</b>
	551 Meadow Sweet Circle	2014 DET 17 SECRETARS
	Address	
	Osprey, FL 34229	man man
City/State and Zip Code		or state
	venkonuru@gmail.com  E-mail address: (to be used for future annual report notification)	
P. C. Alex C. Cannadan		<i>5**</i>
	oncerning this matter, please call:	
Venkata Ko	at ()	
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate	ng Fee, of Status &

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeevy Computing, LLC (Name of the Limited Liability Compa	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000051198	were filed on <u>5/2/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:	136 N Tamiami Trail	79.55
(Principal office address MUST BE A STREET ADDRESS)	Osprey FL 34229	238
Enter new mailing address, if applicable:	136 N Tamiami Trail	SEX TO THE TOTAL SECTION OF THE PARTY OF THE
(Mailing address MAY BE A POST OFFICE BOX)	Osprey FL 34229	EE G
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		ter the name of the new
	, Florida	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	uthorized Member	Address	Type of Action
MGR	Name Vara L Konuru	551 Meadow Sweet Ci	rcle
<del></del>		Osprey FL 34229	■ Add
			Add  Remove ***
			Remove
			Remove
			🗖 Add
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kata S Konuru 45%	<del></del>	
kata S Konuru 45%		
te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
the october . 2014 .		
Signature of a member or authorized representative of a member	<b>3</b> 502	291
Typed or printed name of signee	と高	2914,ÖÖT 1.7
	555	
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į	stermust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after recument is filed by the Florida Department of State)  14 OC To be Signature of a member or authorized representative of a member  VENKATA S KONURU	ster must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after recument is filed by the Florida Department of State)  14 0C to be Signature of a member or authorized representative of a member  VENKATA S KONURU

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Filing Fee: \$25.00