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COVER LETTER

TO:	Registration Section Division of Corporations		.m∓	e e
SUBJ	SJECT: Talent Pull LI	LC		
	Name of Limited Liability Company			
The en	enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	se return all correspondence concerning this matter to the following:			
	Mark Prage Name of Person			
	Name of Person			
	Talut Pull, C	LL		
	Firm/Company			
	607 Canul La	lne		
	Annapolis N	11 21409		
	City/State and Zip Coo	de		
	E-mail address: (to be used for future annu	e comcas	+.ne+	
F 6		iai report notificatio	on)	
For Tu	further information concerning this matter, please call:			
	Mark Prager at (443) Name of Person Area C	949-546	15	
	Name of Person Area C	ode & Daytime Tel	lephone Number	•
Enclos	losed is a check for the following amount:			
\$25	\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \& \ \times \\$55.00 Filing Fe \times \t	ı	\$60.00 Filing Fe Certificate of S Certified Copy (additional copy	Status &

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

FILED

	O1	
Talent Pul	u LLC	12 OCT 18 AM IO: 04
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now app d Liability Company	ears on our records, ONLIMITY OF STATE ONLIMITY OF STATE ONLIMITY OF STATE
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on _	August 17,2012 and assigned 800 Am
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company l	nere:
The new name must be distinguishable and end with the words "Li'L.L.C."	imited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	P. O.	Box 1689
(Mailing address MAY BE A POST OFFICE BOX)	Difu	Box 1689 nak Springs F1 32435
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address or ere:	n our records, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
		Enter Florida street address
	City	, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man $MGRM = M$	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MORM	Mark Prager	GOT Canal Lane Annapolis Md 21409	Add Remove
MERM	Mindy Prager	607 Canal Lane Amnapolis Mid 21409	Add Remove
MHRM	Rajesh Munagala	16819 Front Beach Road 24/12 Panama Coty Black, Fl 3241.	76
			Add Remove
	·		Add Remove
	·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	FILED 12 OCT 18 AN IO: OL STATE ALLIANS OF STATE
Dated	10/11/2012		
	Mmdy MA	gu Madrup	
	Signature of a membe	for authorized representative of a member	
		or printed name of signee	

Page 2 of 2

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