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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# SBR CONSULTING 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:

BHARAT TALASU

Name of Person

SBR CONSULTING LLC

Firm/Company

2000 MERCHANTS ROW BLVD APT 713

Address

TALLAHASSEE, FL 32311

City/State and Zip Code

TALASU 2000 W-/A460 - Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BHARAT TALASU** 

248 425 6583

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 Fiting 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



## SBR CONSULTING 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 C	Company were filed on DECE	MBER 4,2012 and assigned
Florida document number L12000151675	··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	···
	<del></del>	<del></del>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	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>	<u>Address</u>	Type of Action
MGRM	SWARNA TALASU	2000 MERCHANTS ROW BLVI	O Add
		APT 713	Remove
		TALLAHASSEE,FL 3231	1
			Add
		<del></del>	Remove
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If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
d	,
	J. Browner Konner
	Signature of a member or authorized representative of a member
	BHARAT TALASU
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00