L14 0000 72960

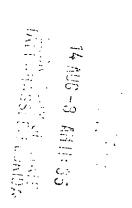
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2014

ANNU KALIA 4520 W OAKELLAR AVE #130037 TAMPA, FL 33611

SUBJECT: CEEVA LLC Ref. Number: L14000072960

We have received your document for CEEVA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00015082

COVER LETTER

JBJECT: Ceev	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	endence concerning this matter	to the following:	
	Annu Kalia		
		Name of Person	
	Ceeva LLC		
		Firm/Company	
	4500 144 0 1		107
	4520 W Oak	kellar Ave # 1300	137
	4520 W Oak	Kellar Ave # 1300	J37
	Tampa FL 3	Address	<u> </u>
		Address	
	Tampa FL 3	Address 3611 City/State and Zip Code .com	
	Tampa FL 3	Address 3611 City/State and Zip Code	
for further information c	Tampa FL 3	Address 3611 City/State and Zip Code .com to be used for future annual report notif	
for further information o	Tampa FL 3 bob.kalia@gmail	Address 3611 City/State and Zip Code .com to be used for future annual report notif	ication)
Annu Kalia	Tampa FL 3 bob.kalia@gmail	Address 3611 City/State and Zip Code .com to be used for future annual report notif all: at (813) 389-0	ication)
Annu Kalia	Tampa FL 3 bob.kalia@gmail E-mail address: (concerning this matter, please c	Address 3611 City/State and Zip Code .com to be used for future annual report notif all: at (813) 389-0	ication) 121

MAILING ADDRESS:

TO:

Registration Section

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

Ceeva LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparts Florida document number <u>L14000072960</u> .	ny were filed on 05/05/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
INFIBASE LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
 		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
	 -	
Name of New Registered Agent:	ř	A
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>le</u>	<u>Name</u>	Address	Type of Ac
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date this document is filed by the Fl	lorida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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