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From, Natasha Verma 3163 Sterling St. Tarpon Springs-34688 FL

Date: 6/24/2014

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

Sir/Madam

Subject: Amendment of Methodica LLC- Addition of new Manager #File# 200261529732

If you please add Vikram Verma as a manager in Methodica Technology, LLC- I would really appreciate it.

Attached is the amendment form with a check of \$25.00

Sincerely,

Natasha Verma

3163 Sterling St.

Tarpon Springs-34688

FL

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	Meth	odica Technologies, LLC		
30 D31		Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-	<del>-</del>	
			Vikram Verma	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Me	ethodica Technologies, LLC	
			Firm/Company	
			3163 Sterling St.	
			Address	<del> </del>
		Та	rpon Springs/FL - 34688	e e e e e e e e e e e e e e e e e e e
		vikeon	City/State and Zip Code n.verma@methodicatech.com	
			to be used for future annual report notificat	ion)
For fur	ther information co	ncerning this matter, please ca	all:	
	Natasha Verma o	r Vikram Verma	312 6227697	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of I	Person	at ( )	lephone Number
Enclos	ed is a check for the	following amount:		
x \$2	5.00 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)
		NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Methodica Technologies, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now nonenry on our record bility Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Company we Florida document number 200261529732	ere filed on	and assigned
This amendment is submitted to amend the following:		一部の可
A. If amending name, enter the new name of the limited liability	ty company here:	22 A
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office		e enter the name of the r
registered agent and/or the new registered office address here:	te address on our record	S EULT IN HOME OF THE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	X.S.
		orida Zio Code
New Registered Agent's Signature, if changing Registered Agent:	Clly	ZIJ) Code
		, , , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete page 1.		

If Changing Registered Agent, Signature of New Registered Agent

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 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MER	Vikram Verma	3163 Sterling St., Tarpon Springs-34688, FL	× Add
			□ Remove
			Remove
*	<u></u>		☐ Add
			C Remove
			·
			☐ Remove
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			<del>- 통합</del>
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			200 100
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	, if other than the date o	of filing:	(optional)
tive date	. if other than the date of must be specific, cannot be prument is filed by the Florida De	of filing: ior to date of receipt or filed date and cannot epartment of State)	(optional) be more than 90 days after
ate this doc	e. if other than the date of the must be specific, cannot be prument is filed by the Florida De 6/24	of filing:  rior to date of receipt or filed date and cannot epartment of State)  2014	(optional) be more than 90 days after
date this doc	ument is filed by the Florida De 6/24	epartment of State)  2014  Looky (Loomer)	>
ective date effective date date this doc	ument is filed by the Florida De 6/24	epartment of State)	>

Page 3 of 3

Filing Fee: \$25.00