

L14000099606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

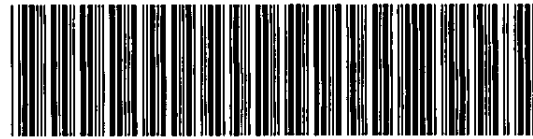
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

JUL 01 2014

S. YOUNG

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

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Methodica Technologies, 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:

Vikram Verma

Name of Person

Methodica Technologies, LLC

Firm/Company

3163 Sterling St.

Address

Tarpon Springs/FL - 34688

City/State and Zip Code

vikram.verma@methodicatech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Verma or Vikram Verma

at (312)

6227697

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 Filing 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vikram Verma	3163 Sterling St., Tarpon Springs-34688, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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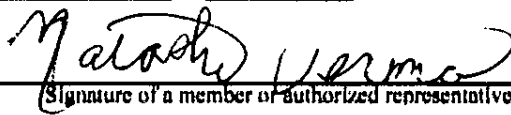
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/24, 2014



(Signature of a member or authorized representative of a member)

Natasha Verma

(Typed or printed name of signer)

Page 3 of 3

Filing Fee: \$25.00

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JUN 30 2014
SECRETARY OF STATE
TALLAHASSEE, FLORIDA