

L150000 37115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

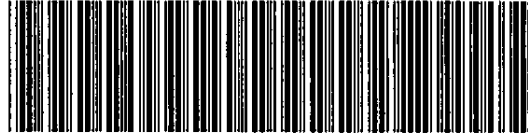
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700270507007

03/23/15--01015--008 \*\*25.00

FILED  
15 MAR 23 AM 11:56  
U.S. DEPT. OF JUSTICE

J. Shivers APR 14 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VEDHI SOLUTIONS 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:

VEER KUMAR REDDY CHINTA

Name of Person

VEDHI SOLUTIONS LLC.

Firm/Company

1600 NW 128th DR #311

Address

Sunrise, FL 33323

City/State and Zip Code

C.VEERKUMAR@GMAIL.COM

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

For further information concerning this matter, please call:

VEER KUMAR REDDY CHINTA

Name of Person

551 at ( )

Area Code

208-0689

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**VEDHI SOLUTIONS 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 Company were filed on 27-FEB-2015 and assigned Florida document number L15000037115.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)**

1600 NW 128th DR #311

Sunrise, FL 33323

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1600 NW 128th DR #311

Sunrise, FL 33323

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1600 NW 128th DR #311

Enter Florida street address

Sunrise

City

Florida

33323

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 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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

15 MAR 3 AM 11:55  
Add  
Remove  
Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

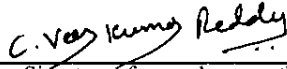
---

---

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 17-MAR-2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

VEER KUMAR REDDY CHINTA

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 MAR 23 AM 11:56  
STATE OF FLORIDA  
CLERK OF THE SUPREME COURT