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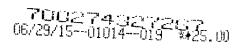
	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PiCK-UI	□ WAIT □ MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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EFFECTIVE DATE
7-1-2015



2015 JUN 29 PH 3: 46



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Veda Mana			
30 131	C1.	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	o the following:	
		BAIJU SHETH		
			Name of Person	
		VEDA MANAGING LLC		
			Firm/Company	
		10831 BARBADOSE ISLE	EDR	
			Address	
		TAMPA FL 33647		
			City/State and Zip Code	
		BAIJU513@HOTMAIL.CO		
		E-mail address: (to	o be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	11:	
BAIJU	SHETH		636 2120667	
	Name of	Person	at () Area Code Daytime	Celephone Number
Enclose	ed is a check for th	e following amount:		
\$25	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)

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

EFFECTIVE DATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	.Eo
2015 1100	(
2015 JUN 29	PM 3: 1.
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VEDA MANAGING 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 I	Liability Company were filed or	04/08/2015	and assigned
Florida document number L15000061845			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and		s on our records,	enter the name of the
registered agent and/or the new registered	omee address here:		
Name of New Registered Agent:	BAIJU SHETH		
New Registered Office Address:	10831 BARBADOSE ISLE I	D Ř	
AND THE PROPERTY OF THE PROPER	Enter	r Florida street address	
	TAMPA	, Flori	ida <u>33647</u>
	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ВАІЈИ ЅНЕТН	10831 BARBADOSE ISLE DR	□ Add
		TAMPA FL 33647	☐ Remove
			■ Change
AMBR	MEGHNA SHETH	10831 BARBADOE ISE DR	Add
		TAMPA FL 33647	☐ Remove
			■ Change
			Add
			□ Remove □ Change
			Add ?
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			□ Change

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fective date, if other than the effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ust be specific and cannot block does not meet the	applicable statutor	ng or more than 90 days	optional) safter filing.) Pursuant to s, this date will not be	605.020 listed a
record specifies a delayon The 90th day after the re	ed effective date, lecord is filed.	out not an effec	tive time, at 12:	01 a.m. on the ea	arlier (
ted 06/24	, 201:	5			
	1381	2			_
	Signature of a member	or authorized represe	entative of a member		

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Filing Fee: \$25.00