

M14000001319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

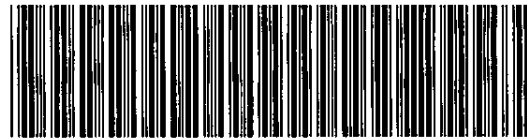
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROLOGIQ BUSINESS SERVICES 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:

KUMAR SUBRAMANIAN
Name of Person

PROLOGIQ BUSINESS SERVICES LLC
Firm/Company

19435 S.W 25 CT.
Address

MIRAMAR FL - 33029
City/State and Zip Code

ksubrama2008@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KUMAR SUBRAMANIAN at (305) 724-5864
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

KUMAR SUBRAMANIAN
19435 SW 25 CT
MIRAMAR, FL 33029

SUBJECT: PROLOGIQ BUSINESS SERVICES LLC
Ref. Number: M14000001319

We have received your document for PROLOGIQ BUSINESS SERVICES 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):

You submitted the wrong type of form, proper forms are enclosed.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 014A00019792

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PROLOGIA BUSINESS SERVICES LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 02/18/2014

SECTION II (4-7 complete only the applicable changes)


4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," "LLC," "LTD.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Change in title: MRS SREEPRIYA KOWCHIK - AMBR
MR KUMAR SUBRAMANIAN - AMBR

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

KUMAR SUBRAMANIAN

Typed or printed name of signer

Filing Fee: \$25.00

FILED
14 OCT 19 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA