

L170000 42584

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Feb 25, 2014
Secretary of State
CC6237802351

Entity Name: ADMIN SERVICES LLC

Current Principal Place of Business:

2100 VALLEY VIEW PKWY
APT 135
EL DORADO HILLS, CA 95762

Current Mailing Address:

2100 VALLEY VIEW PKWY
APT 135
EL DORADO HILLS, CA 95762 US

FEI Number: 46-3483721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKATTA SOLUTIONS LLC
5317 MARTIN LN
TAMPA, FL 33617 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN
Name SRINIVASA, YANAPARTI R
Address 1024 IRON POINT ROAD
SUITE 100 # 1301
City-State-Zip: FOLSOM CA 95630

Title VP
Name KATTA, SUMANTH
Address 5317 MARTIN LN
City-State-Zip: TAMPA FL

Title COO
Name EDARA, BHAVANI
Address 2100 VALLEY VIEW PKWY
APT 135
City-State-Zip: EL DORADO HILLS CA 95762

Remove

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SRINIVASA R YANAPARTI

CHAIRMAN

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADMIN 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:

SRINIVASA YANAPARTI
Name of Person

ADMIN SERVICES LLC
Firm/Company

1024 Iron point Rd, Suite 100-1301, #
Address

FOLSOM, CA 95630
City/State and Zip Code

SRINU_222@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SRINIVASA YANAPARTI at (617) 416-1804
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

**TO
ARTICLES OF ORGANIZATION
OF**

ADMIN SERVICES 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 03/21/2013 and assigned Florida document number L13000042584.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address
_____, Florida
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

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>
COO	EDARA BHAVANI	EDARA BHAVANI	<input type="checkbox"/> Add
		2100 Valley view pkwy, Apt 135	<input checked="" type="checkbox"/> Remove
		El Dorado Hills, CA - 95762	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 _____, _____.

Signature of a member or authorized representative of a member
SRINIVASA YANAPARTI

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 JUN 20 09 51 S