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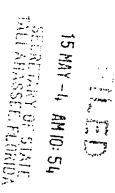
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5	SUBJECT	`:	ZARMAR I	_IMITED PAF	RTNE	RSHIP			
·			ne of Florida Limited Par				nership	,	
-	The enclos	ed Certific	ate of Amendment a	nd fee(s) are sub	mitted f	or filing.			
I	Please retu	rn all corr	espondence concerni	ng this matter to:					
_			Vinanta Mundra		_				
			Contact Person		_				
_		Zarma	ar Limited Partners	hip					
			Firm/Company		-				
		8902 N. [ale Mabry Hwy Su	ite 114					
-			Address	•					
		-	Tampa, FL 33614						
-		C	ity, State and Zip Code	-· ·· · · · · · · · · · · · · · · · · ·	-	g George			
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ALVERT NEW YORK	Nar	ne of Contac	t Person	Area Code a	nd Daytii	me Telephone	Number	•	ते । जन्म १३स
	Enclosed is		or the following amo				· .		
<u>[</u>	\$52.50 Fi	ling Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop			Filing Fee, py, and f Status		1 m 19
5	STREET A	ADDRES	S:	MAIL	ING A	DDRESS:			
I	Registratio	n Section		Regist	ration S	Section			
	Division of	-	ons			orporations			
	Clifton Bu	_	on Cinala		3ox 632				
	2661 Exect Tallahasse			i aliah:	assee, F	FL 32314			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ZARMAR LIMITED PARTNERSHIP

Insert name currently on f	file with Florida Department of State
limited liability limited partnership, whose certif 04/10/2003, assigned Flo	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on lorida document number
adopts the following certificate of amendment to	o its certificate of limited partnership.
This amendment is submitted to amend the following:	g:
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnership
New name must be distinguis	ishable and contain an acceptable suffix:
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	rship, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princi principal office address here:	cipal office address, enter new mailing address and/or
New Principal Office Address:	- www.come.ard.Combinatively.com
(Must be STREET address)	Addies and St. St. St. So.
New Mailing Address: (May be post office box)	Service Servic
C. If amending the registered agent and/or regist new registered agent and/or the new registered offi	stered office address on our records, enter the mone of the fice address here:
	5. 5. € 5. € 5. € 5. € 5. € 5. € 5. € 5
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.

<u>Title</u>	Name	<u>Address</u>	Type of Action		
<u>GP</u>	Zampat, L.C.	8902 N Dale Mabry Hwy Suite 114 Tampa, FL 33614	Add Remove		
GP WAR	Pradip C Patel	8902 N Dale Mabry Hwy Suite 114 Tampa, Fl- 33614	Add Remove		
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ffective date, if other than the date of filing:	C. II I				D	<u>_</u> .
ffective date cannot be prior to nor more than 90 day ate.)	ys after the da	e this doci	iment is filed by	the Florida	Department	of
gnature(s) of a general partner or all gen	eral partne	<u>rs*:</u>				
NOTE: Only one current general partner is required moving a "limited liability limited partnership" election adding or removing a "limited liability limited partnership".	ion statement.	Chapter 6	20, F.S., requir	es all genera	l partners to s	sign
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