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(Re	questor's Name)	
(Ad	dress)	
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PłCK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 14 2008

EXAMINER

COVER LETTER

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Registration Section * Division of Corporations

SUBJECT: _	BACHI	CONSULTNG	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:

Madhavi Pamulapati (Name of Person)			
Bachi consulting LLC (Firm/Company)	TAL	. 00	•
16020 SW 91 CT (Address)	CRETAR LAHASS	11 SNV 80	Soupers extrema
Miami, FL 33157 (City/State and Zip Code)	Y or ST	81 :11 HA	
or further information concerning this matter, please call:	TATE ORIDA	8	*inezzakiid
Madhavi Pamulapati at (786) 546 2874 (Name of Person) (Area Code & Daytime Telephone Numb		-	

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

August 8, 2008

MADHAVI PAMULAPATI 16020 SW 91 CT MIAMI, FL 33157

SUBJECT: PC SOFTWARE SOLUTIONS LLC

Ref. Number: L02000002038

SECRETARY OF STATE

We have received your document for PC SOFTWARE SOLUTIONS 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):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2004 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$793.75.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 808A00045204

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC SOFTWARE SOLU (Name of the Limited Liability Company (A Florida Limited Liability)	MIONS LLC			
(A Florida Limited Liability Company)	ibility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>LO200002</u> 038	vere filed on 01/28/200	=		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	ity company here:	SECRETAN A		
BACHICONSULTING LL	C	19 A 17		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "	SC" or the aboreviation		
Enter new principal offices address, if applicable:	16020 SW 910	<u>CT</u>		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 3	31 <i>5</i> 7		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16020 SW 91 C miami, FL 3:	T 3 <i>1</i> 57		
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: Mad	navi Pamulapa	li		
New Registered Office Address: 16020	0 5W 91 CT			
	(Enter Florida street ac	ddress)		
Mia	lmi, Florida	33157 (Zip Code)		
	(City)	(Zip Code)		
the contract of the contract o				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
Title '	Name	Address	Type of Action	
<u>P</u>	<u>Madhavi Pamulapati</u>	16020 SW 91 CT miami, FL 33157	Add Remove	
<u>vp</u>	Hanuma Lokireddy	16020 SW91 CT miami, FL 33157	Add Remove	
mGR.	Madhavi Pamulapati	CORAL GABLES, FL 33131	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)		
		TA LA HAS	1 SON BO	
Dated	, <u>, , //</u>	O-1		
	Madhavi	Pamulapati of printed name of signee	<u> </u>	

Page 2 of 2

Filing Fee: \$25.00