

L 05000014060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

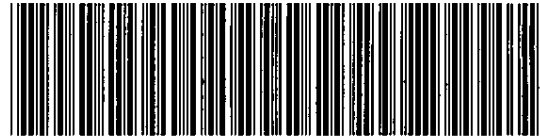
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800162280018

11/02/09--01033--018 **25.00

FILED
09 NOV - 2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV - 3 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDUS 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:

KANNAN NAGARAJAN
Name of Person
INDUS LLC
Firm/Company
318 INDIAN TRACE #716
Address
WESTON, FL 33326
City/State and Zip Code
kannan@ind-us.us
E-mail address: (to be used for future annual report notification)

FILED
09 NOV - 2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KANNAN NAGARAJAN at (954) 540-0274
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)

CHECK NO:
1507
ATTACHED

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

2
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
09 NOV - 2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INDUS 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 02-10-2005 and assigned Florida document number L05000014060.

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:

318 INDIAN TRACE #716

(Principal office address MUST BE A STREET ADDRESS)

WESTON, FL 33326

Enter new mailing address, if applicable:

318 INDIAN TRACE #716

(Mailing address MAY BE A POST OFFICE BOX)

WESTON, FL 33326

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:

Nagarajan, Kannan

New Registered Office Address:

318 INDIAN TRACE #716

Enter Florida street address

WESTON

Florida

33326

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 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.

N. Kannan 10/28/09

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nagarajan, Kannan	318 INDIAN TRACE #716 WESTON, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eberle, Christopher G Sr	4014 NORTH OCEAN DRIVE HOLLYWOOD FL 33019	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAGARAJAN, KANNAN HAS 100% OWNERSHIP AS OF 10/28/2009.

FILED
 09 NOV -2 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____

N. Kanna
10/28/09

Signature of a member or authorized representative of a member

Nagarajan, Kannan

Typed or printed name of signee