

LO5000041092



*Jain Accounting and
Tax Services, LLC*

6742 Forest Hill Blvd #137
West Palm Beach, FL 33413

(City/State/Zip/Phone #)

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

PARAM POOJA, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

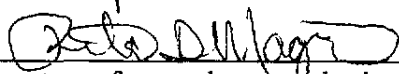
The company name should read
"PARAM POOJAN, LLC"

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: May 9, 2005.


Signature of a member or authorized representative of a member

Rita Magan

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L05000041092
FILED 8:00 AM
April 27, 2005
Sec. Of State
tbrumbley

Article I

The name of the Limited Liability Company is:

PARAM POOJA, LLC

↳ SHOULD BE "PARAM POOJAN, LLC"

Article II

The street address of the principal office of the Limited Liability Company is:

9938 SHEPHARD PLACE
WELLINGTON, FL. 33414

The mailing address of the Limited Liability Company is:

9938 SHEPHARD PLACE
WELLINGTON, FL. 33414

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

RITA MAGAN
9938 SHEPHARD PLACE
WELLINGTON, FL. 33414

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: RITA MAGAN

Article V

The name and address of managing members/managers are:

Title: MGRM
RITA MAGAN
9938 SHEPHARD PLACE
WELLINGTON, FL. 33414

Title: MGRM
DIPAK MAGAN
9938 SHEPHARD PLACE
WELLINGTON, FL. 33414

Signature of member or an authorized representative of a member

Signature: RITA MAGAN

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