L06000043124

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T. HAMPTON

AUG - 1 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: AUM SA	AVI LLC		
		ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Prakash Patel		
		(Name of Person)	
		(Firm/Company)	.
	5105 W. Grace St.		
•		(Address)	
	Tampa, Florida, 33607		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Prakash Patel		at (813 ₎ 842-7164	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he following amount:		
2 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY (JUL 31	T
CF STATE	* :	ED

AUM SAVILLO (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 04-25-2006 and assigned Florida document number L06000043124 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." 5105 W. Grace St. Enter new principal offices address, if applicable: Tampa, FL 33607 (Principal office address MUST BE A STREET ADDRESS) 5105 W. Grace St. Enter new mailing address, if applicable: Tampa, FL 33607 (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: Prakash Patel Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

(City)

5105 W. Grace St.

Tampa

(If Changing Registered Agent Stanture of New Registered Agent)

(Enter Florida street address)

Florida 33607

(Zip Code)

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Nootan Patel	5642 Oakley Blvd. Wesley Chapel, FL 33544	Add Remove
MGRM	Prakash Patel	5105 W. Grace St. Tampa, FL 33607	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	_
			FILED SECRETARY OF S TANIL AND SECRETARY OF S
Dated July	29th Opentie	2008 .	MII: 12
	Signature of a Nootan Patel	member or authorized representative of a member	

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00