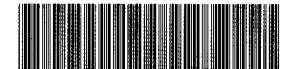
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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S. HAWKES

JUL 7 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpo		
SUBJECT:	PINNA, LLC	
	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	JAYANTHI S. RANASINGHE  Name of Person	
	•	
•	PINNA, LLC Firm/Company	
	6600 SW. 94th COURT	
	MIAMI, FL 33173  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
JAYAN THI Name of P	2. RANASINGIE at (305) 479 0549  Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)
	NG ADDRESS: STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DINNA! LYC	<del></del>		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear	s on our records.	
(11 Florida Ellin	med Emonity Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on	01 - 01	- 2007 assigned
Florida document number 107 0000 213	7-		
		•	
This amendment is submitted to amend the following:			-
A. If amending name, enter the new name of the limited	l liability company here	2:	and the second
•		•	
The new name must be distinguishable and end with the words	"Limited Liability Compar	ny," the designation	n "LLC" or the albreviation
"L.L.C."			P
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		6 m
			•
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on o	ur records, <u>ent</u>	er the name of the new
registered agent andror the new registered office address	s nere.		
Name of New Registered Agent:		i ,	
Hante of New Registered Agent.			
New Registered Office Address:	F	er Florida street	-dduces
	Eni	er r ioriaa sireei	aaaress
	0	, 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 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 = N	Manager 2 Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
**************************************	RANSY, LLC	LEOD IN 94 th COURT	Add Remove
	JAYANTHI S. RANASIM GILL	6600 SW 94th COURT MIAMI, FL 33173	Add Remove
<del></del>	-NANDALAL PANASINGHE	6600 SW 94th COURT MIAMI, FL 33173	Add Remove
			Add Remove
***************************************			Add Remove
		Enter the Control of	Addi)
D. If am	ending any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	28
			<del></del>
			·
Dated	07-02 201	$\frac{10}{\text{MiN}}$	
	Signature of a member-o	S. RAWAINCIPC	
	Typed o.	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00