10000036732

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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D. BRUCE

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EXAMINER

COVER LETTER

10:	Division of Co					
SUBJE	CT.	Volsam	Holdings LLC			
SUDJE			ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
			Satya N. Voleti			
			Name of Ferson			
			/olsam Holdings LLC	·		
			Firm/Company		7	
		PO Box 495910			09 SEC	
		-	Address		NOV AHA	Ţ
		Port	Charlotte, FL 33949-5910		ARY SSEE	-
		sath, Voletie	City/State and Zip Code 9 mail. Com to be used for future annual report notifi	(cation)	09 NOV -2 PH 12: 03 SECRETARY OF STATE ALLAHASSEE, FLORIDA	7
For furt	ther information of	concerning this matter, please	•	,	DA C	
	Sa	atya N. Voleti	<u>u</u> ()	258-3374		
	Name o	of Person	Area Code & Daytime	e Telephone Number		
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &	
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

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

Volsam Ho	ldings LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea liability Company)	rs on our records.)	·
The Articles of Organization for this Limited Liability Company	were filed on	04/05/2007	and assigned
Florida document number L07000036732	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			OSE ALL
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	ARE O
			ASS
France			W & W
Enter new mailing address, if applicable:			C S S
(Mailing address MAY BE A POST OFFICE BOX)			ेले डि
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
	- C'A	, Florida	7: 0.1
New Designational Assembly Classicans & Landing Designation	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 = Manager

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u> :			Add Remove
			Add Remove
			Add Remove
		-	Add Remove
		-	Add Remove
			Add Remove
D. If an		hange(s) here: (Attach additional sheets, if necessaleti will be reported to Satya N Voleti PA eff	
	to January 1, 2009.		OS TALL
			FIL MOV -2 CRETARY AHASSEE
Dated _	October 30 ,	2009	PEE FLORIDA
	Signature of a me	mber authorized representative of a member	<u> </u>
		Satya N. Voleti	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00