

LO7006045421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

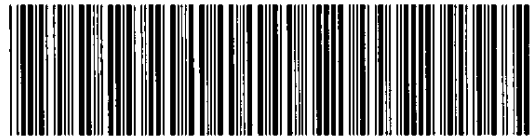
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 JUN -4 PM 4:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JUN -4 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 15 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 15 PM 1:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 5, 2009

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: PARVATI VERTICALLY INTEGRATED, LLC
Ref. Number: L07000045421

RESUBMIT

Please give original
submission date as file date.

FILED
JUN 15 PM 3:15
TALLAHASSEE, FLORIDA

We have received your document for PARVATI VERTICALLY INTEGRATED, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A company cannot be its own Registered Agent. An individual at the Tampa address could be the R.A.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 009A00018935



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 026972 7585811
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
09 JUN -14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 4, 2009
ORDER TIME : 3:35 PM
ORDER NO. : 026972-005
CUSTOMER NO: 7585811

RESUBMIT
Please give original
submission date as file date.

DOMESTIC AMENDMENT FILING

NAME: PARVATI VERTICALLY INTEGRATED,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PARVATI VERTICALLY INTEGRATED, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 JUN -4 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/30/07 and assigned
Florida document number L07000045421.

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:

(Principal office address MUST BE A STREET ADDRESS)

16681 NW PADDINGTON DRIVE

BEAVERTON OR 97006

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16681 NW PADDINGTON DRIVE

BEAVERTON OR 97006

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:

Srikanth Sankaranarayanan

New Registered Office Address:

10159 HEATHER SOUND DR.

(Enter Florida street address)

TAMPA

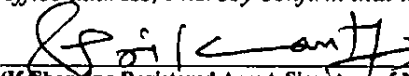
(City)

Florida 33647

(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)

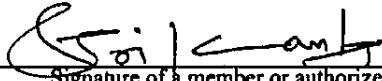
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAYYONG KHARE	16681 NW PADDINGTON DRIVE BEAVERTON OR 97006	<input checked="" 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
			<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.)*

Dated 6/15/09, _____.



Signature of a member or authorized representative of a member

Srikanth Sankaranarayanan

Typed or printed name of signee