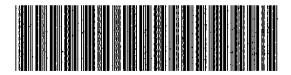
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SECRETARY OF STATE NS SECRETARY OF CORPORATIONS 19 19 2: 19

J. BRYAN

JUL 29 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Aurove	eda Operating Found			
	(Name of Lim	ited Liability Company)		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Joan M. Hagar	Ot (D)		
		(Name of Person)	o ¥.	
	Auro S Management, LL		<u> </u>	
		(Firm/Company)	OB JUL 28 P	
	15215 Cortez Boulevard		8	
		(Address)		
	Brooksville, Florida 3461	3	08 JUL 28 PH 2: 19	
	Brookeville, Frontage of the	(City/State and Zip Code)		
For further information	concerning this matter, please c	all:		
Joan M. Hagar		at (352) 799-0046		
(Name	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for	the following amount:			
△ \$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)	
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB JIL 28 PH 2: 19

Auroveda Operating Foundation, LLC (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 June 26, 2008 and assigned Florida document number L08000062850 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) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) , Florida

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.

(City)

(Zip Code)

If an ending 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>	Address	Type of Action
MGR	Maria Scunziano-Singh	15215 Cortez Boulevard Brooksville, Florida 34613	Add Remove
MGR	Johnny G. Hill	15215 Cortez Boulevard Brooksville, Florida 34613	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Samove Samov
D. If ame	ending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	SION OF CORPORATIONS SION OF CORPORATIONS JUL 28 PH 2: 19
Dated	July 21,	<u>5008</u> .	
		ember or authorized representative of a member	
	Pariksith Singh T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00