

LD9 000021189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

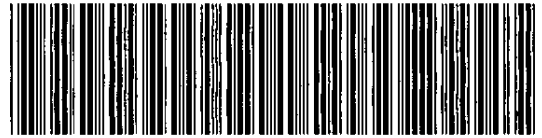
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE
AUG - 5 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUTTA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VISHAL MALKAN
Name of Person

DUTTA LLC
Firm/Company

1839 CENTRAL AVENUE, FIRST FLOOR
Address

SAINT PETERSBURG, FL 33713
City/State and Zip Code

VISHALMALKAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VISHAL at (813) 285 - 9365
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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

DUTTA 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 03/04/2009 and assigned Florida document number L09000021189.

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)

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TALLAHASSEE, FLORIDA

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: _____

1839, CENTRAL AVE, FIRST FLOOR
Enter Florida street address
ST. PETERSBURG, Florida 33713
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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 PALM BEACH COUNTY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This Request is Only for Address Change -
Registered Agent : Vishal Malkan - 1839 Central Ave, first floor, St Petersburg
MEMBER : VISHAL MALKAN - same address as above
MEMBER : SWEETY PATEL - same address as above -
No other change required.

Dated 25-July-2009

Vishal Malkan

Signature of a member or authorized representative of a member

VISHAL MALKAN

Typed or printed name of signee