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A. LUNT

JUL 10 2011

EXAMINER

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COVER LETTER

TO: Registration Solution of Co.						
SUBJECT:	CHANDRA	N & RAMAN LLC.				
SUBJECT:		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	HABIBUR RAHMAN					
	Name of Person					
	ACCOUNTAX SERVICES INC.					
	Firm/Company					
	1945 CLIFF VALLEY WAY SUITE 250-B			ARY OF A		
	Address					
		트를 22 (
		City/State and Zip Code				
		AXUSA@GMAIL.COM to Fe used for future annual report notific	ation			
For further information	concerning this matter, please of	100000000000000000000000000000000000000	u.ion)			
HAB	IBUR RAHMAN	at (404)	3157748			
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIE Registration Section Division of Corpora Clifton Building	ı itions			
Tallah	nassee, FL 32314	2661 Executive Cer Tallahassee, FL 323				
		;				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHANDRAN 8	RAMAN LL	С	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now apper</mark> Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	05/08/2009	and assigned
Florida document numberL0900044850			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	re:	
C & R CONSU			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	eany," the designation "I	Fernor the obreviation
Enter new principal offices address, if applicable:			ASA
(Principal office address MUST BE A STREET ADDRESS)	6602 S W 6	IST TER	ASS on [
	SOUTH MIA	MI FL 33143	
Enter new mailing address, if applicable:	1945 CLIFF	VALLEY WAY SU	E 250 B
(Mailing address MAY BE A POST OFFICE BOX)	ATLANTA G	A 30329	
B. If amending the registered agent and/orr egistered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	r <u>e</u> :	ourr ecords, <u>enter t</u>	
<u> </u>	City	, Florida	7in Code
	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 = M MGRM = 1	anager Managing Member		
<u>Title</u> .	<u>Name</u>	Address	Type of Action
			□ Damassa
			Add Remove
			HARY FARY
			Ramove Soll Ramove
D. Ifomon	ding any other information		
D. II amen	dung any other intormation,	enter change(s) here: (Attach additional sheet	s, if necessary.)
_			
	HINE 24	0040	
Dated	JUNE, 21		
	Signatur	e of a member or authorized representative of a men	nber
	-	VIJAY VISVANATHAN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00