Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIHA LLC

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Electronic Filing Menu

Corporate Filing Menu

D. BRUCE

JAN 2 5 2010

EXAMINER

COVER LETTER

т0:	Registration S Division of Co		
SUBJEC	_{CT:} Viha LL	.c	
		(Name of Limited Liability Company)	•
The encl	oșed Articles at	f Amendment and fee(s) are submitted for filing.	
Please re	eturn all corresp	condence concerning this matter to the following:	
		Lori Castille	100,7
		(Name of Porson)	
		Legalzoom.com, Inc.	
		(Finn/Company)	
		7083 Hollywood Blvd., Suite 180	_ FE
		(Addivss)	Am ≥ m
		Los Angeles, CA 90028	AN 22 PH
		(City/State and Zip Code)	
For furth	er information	concerning this matter; please call:	E. FLORIGE. FLORIGE
Lori C	astille	at (323) 962-8600	A HAG
		of Person) (Area Code & Daytime Telephone Num	ibei)
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\$25. 0	00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, Ff. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viha LLC				
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)			
(A filorida triffica biability Company)				
The Articles of Organization for this Limited Liability Company were filed on 12/15/09	and assigned			
Florida document number L09000118744	t Shires			
This amendment is submitted to amend the following:	TO JAN SECRETALLAHA			
A. If amending name, enter the new name of the limited liability company here:	ARY OF SSEE, F			
The new-name must be distinguishable and end with the words "Limited Liability Company," the design "L.L.C."	nation "LESOI (ISObremien			
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:				
(Enter Florida s	treet address)			
.TIo	Mit and dis			
(City)	rida (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 fur the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 608, I being filled to merely reflect a charge in the registered office address, I hereby confirm the company has been notified in writing of this change.	, and I am familiar with and F.S. Or, if this document is			

(If Changing Registered Agent, Signature of New Registered Agent)

If amen	ding the Managers or Managing Membe	ers on our records, enter the title, name, at	nd address of each Manager
	Manager I = Managing Member		
Title	Name	Address	Type of Action
			Remove
· · · · · · · · · · · · · · · · · · ·	.		processed by
			Remove
·			
` <u></u>			- D
D. If an		nge(s) here: (Anach additional sheets, if nec	O
	Kalpesh Patel shall be: 165 W. Kir of Managing Member, Dipali Patel,	074. The address of Managing Membing Arthur Ct. Palatine, IL 60067. The shall be: 738 Lakeview Point, Schaung Member, Dipika Patel, shall be: 18	address ≈ % =
Dated _	(D. L.)	DID	
	Kaushik Patel	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00