

LI 0000043500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

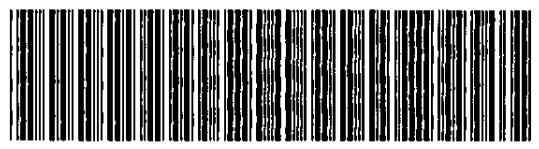
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 28 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DHARA PHARMA LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAJERA, AJAYKUMAR J.
Name of Person
DHARA PHARMA LLC.
Firm/Company
4725 HIGH OAK CT
Address
ORLANDO, FL-32819
City/State and Zip Code
nvcorp2010@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAJERA, AJAYKUMAR J. at (**732**) **986-8675**
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)

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
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

DHARA PHARMA 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 04/23/2010 and assigned Florida document number L10000043500.

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)

POINCIANA TOWN CENTER

BAY #2

POINCIANA, FL-34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4725 HIGH OAK CT

ORLANDO

FL-32819

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 _____

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>
P	GAJERA, AJAYKUMAR J.	6244 EASTKNOLL DR, APT 98 GRAND BLANC MI-48439	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	VEKARIYA, MUKESH J.	1231 CARRIAGE PARK DR VALRICO FL-33594	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	BHUT, RAJESHKUMAR N.	3040 ALOMA AVE, APT J4 WINTER PARK FL-32792	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	MENDPARA, ARVIND V.	4725 HIGH OAK CT ORLANDO FL-32819	<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

(ONLY CHANGE IN TITLE)

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 DEC 22 PM 12:13
FILED

Dated DECEMBER 16TH, 2010



 Signature of a member or authorized representative of a member
 GAJERA, AJAYKUMAR J.

 Typed or printed name of signee