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Florida Department of State  
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To:

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Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAINATH KRUPA LLC

|                       |         |
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T. HAMPTON  
EXAMINER

H11000201825

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAINATH KRUPA 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 10/19/2010 and assigned  
Florida document number L10000108774.

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 office 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)

434 BIG OAK CIRCLE

LIZELLA GA 31052

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)

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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

| Title | Name                | Address                                       | Type of Action                                                             |
|-------|---------------------|-----------------------------------------------|----------------------------------------------------------------------------|
| MGR   | BHUPENDRA B. RATHOD | 1367 LONGMONT DRIVE<br>LAWRENCEVILLE GA 30044 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | RAMANLAL PATEL      | 115 TOBEE DRIVE<br>LIZELLA GA 31052           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | KESHABHAI M. PATEL  | 177 WEST BREWTON ST<br>MCRAE GA 31055         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | NATVARLAL PATEL     | 3006 ST PATRICK DRIVE<br>PERRY GA 31069       | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | KALPANABEN PATEL    | 305 GA HWY 49 NORTH<br>BYRON GA 31008         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | RAKESH PATEL        | 434 BIG OAK CIRCLE<br>LIZELLA GA 31052        | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 10TH, 2011

Rakesh Patel  
Signature of a member or authorized representative of a member

RAKESH PATEL

Typed or printed name of signee

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