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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Casaial Instructions to Elling Officer				
Special Instructions to Filing Officer:				

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12 APR 30 PH 3: 21
SECRETARY OF STATE

C. LEWIS

MAY -1 2012

EXAMINER

TO: Registration Section Division of Corporations INFOTECH SUBJECT: 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: Name of Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

'n,

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

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

FILED

	12 APK 30 PM 3: 21
(Name of the Limited Liability Co (A Florida Lim	SECRETARY OF STATE SECRETARY OF STATE O
	npany were filed on Apric 200 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s here:
	ACTORDA S. PANCHOU
New Registered Office Address: //	251 Coren Cus Dr. Enter Florida street address
<u>Cor</u>	Enter Florida street address AS PRINGS, Florida 33.071 City Zip Code
New Registered Agent's Signature, if changing Registered A	

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 Ageistered Agent Signature of New Registered Agent

Page 1 of 2

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>	Ad	dress	Type of Action
pres/a	WER GANESH	KUMAR SINGH	1051 CORM CLUB DE. CORM SPRINGS PL 3	→ Add 3∞7(Remove
				Add Remove
				Add Remove
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				Add Remove
D. If am	ending any other inforr	nation, enter change(s) he	re: (Attach additional sheets, if necesso	ary.)
				FIL 12 APR 30 SECRETARY TALLAHASSE
Dated	April 26th	2012		JUED 30 PH 3: ARY OF STA
			orized representative of a member	ATE RIDA

Page 2 of 2

Filing Fee: \$25.00