

Division of Corporations

Page 1 of 1

L1200077990

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000208859 3)))



H120002088593ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305) 381-8500
Fax Number : (305) 381-6225

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nmunoz@marcellfelipe.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLIED SOFTWARE DESIGN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPROVED
AND
FILED

12 AUG 20 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

12 AUG 20 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 21 2012
EXAMINER

H12000208859 3

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

ALLIED SOFTWARE DESIGN 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 6/12/12 and assigned
Florida document number L12000077990

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 "LLC."

Enter new principal offices 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)

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

City, Florida 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

12 AUG 20 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

H12000208859 3

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>
MGR	Taneja, Pavan	1398 SW 160 AVE SUITE 305 SUNRISE FL 33326 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Taneja, Kishore	1398 SW 160 AVE SUITE 305 SUNRISE FL 33326 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Raft Management, LLC	1398 SW 160 AVE SUITE 305 SUNRISE FL 33326 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bridge Holdings USA, LLC	1398 SW 160 AVE SUITE 305 SUNRISE FL 33326 US	<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 20 AM 8:50

APPROVED
AND
FILED

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

Dated August 10, 2012


Signature of a member or authorized representative of a member

Marcell Felipe, General Counsel

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H12000208859 3