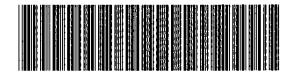
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number) Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2011

SAJAN NATARAJAN JAGADAMMA BAIN DIASH, INC. 6404 VINELAND ROAD, APT #207 ORLANDO, FL 32819

SUBJECT: BAIN DIASH, INC. Ref. Number: P11000092362

We have received your document for BAIN DIASH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 211A00024774

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAIN DIASH, INC.	
DOCUMENT NUMBER: P11000092362	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fe	ollowing:
JAGADAMMA, SAJAN N	TALLA
Name of Contact Person	
BAIN DIASH, INC.	
Firm/ Company	AHASSEE FLOR
6404 VINELAND RD APT 207	AMIO: 32
Address	
ORLANDO FL 32819	
City/ State and Zip Code	
BAIN_DIASH@GMAIL.COM	
For further information concerning this matter, please call:	eport notification)
JAGADAMMA, SAJAN N at (479	, 466 3012
	Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ Certificate of Status Certified C (Additiona enclosed)	Copy Certificate of Status I copy is Certified Copy
P.O. Box 6327 Clifton Buil	t Section Corporations ding tive Center Circle

Articles of Amendment to Articles of Incorporation of

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11 NOV -4	AMILLA
FERR	00 יווייר

BAIN DIASH, INC.

A. If amending name, enter the new name of the corporation:

(Name of Corporation as currently filed with the Florida Dept. State ARY OF STATE SEE. FLORID

P11000092362

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The	new	name	must	be	distinguishable	and	contain	the	word	"corporation,	" "compa	iny," or
"inc	orpor	ated"	or the	abbi	reviation "Corp.	," " <i>I</i>	nc.," or	Co.,	" or the	e designation	"Corp, " "	'Inc," or
"00	,,	1 100	ofaveio	nal	cornaration no	una i	muct cor	atain	the w	and "abouton	ad " "nro	foccional

"Co". A professional corporation name association," or the abbreviation "P.A."			C,	•
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
D. If amending the registered agent and/or re			lorida, enter	the name of the
new registered agent and/or the new regis	tered office add	ress:		
Name of New Registered Agent:				
New Registered Office Address:	(Florid	la street addi	ress)	
-		(0:1)	, 1	Florida
		(City)		(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1) <u>VC</u>	SADIA FARZANA		VINELAND ROAD. APT#207	
2) PST	SAJAN N. J.	AGADAMMA 60	104 Vineland Rd lando R 32719	•
3)			TANGS PL SOVI	<u> </u>
4)				
5)				
6)				
If REMOVING removed:	g an officer and/or director, p	lease list the title(s) a	and name of the officer/dia	rector to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	•
1)	*	4)		
2)		5)		
3)		6)		

attach additional sheets, if necessar	ry). (Be specific)	
	·	
	•	
	V	
		· · · ·
If an amendment provides for an	exchange, reclassification, or cancellation of issued sh	ares,
If an amendment provides for an provisions for implementing the a (if not applicable, indicate N/A)	amendment if not contained in the amendment itself:	ares,
provisions for implementing the a	amendment if not contained in the amendment itself:	ares,
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The date of each amendment(s) ac	doption: $1/-\lambda-1/$
	(date of adoption - required)
Effective date <u>if applicable</u> : (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	"
(voti	ng group)
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 11/02/2	2011
Signature	ector, president or other officer – if directors or officers have not been
(By a dire	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
JA	GADAMMA, SAJAN N
	(Typed or printed name of person signing)
PF	RESIDENT
	(Title of person signing)