LLC-11

State of California
Secretary of State

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in the office of the Secretary of State
of the State of California

NOV 21 2007

LIMITED LIABILITY COMPANY CERTIFICATE OF CORRECTION

A $30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

FILE NUMBER

1. SECRETARY OF STATE FILE NUMBER: 200731910065

ENTITY NAME (Enter the exact name of the limited liability company.)

2. NAME OF LIMITED LIABILITY COMPANY: LAVSANNE LLC

DOCUMENT TITLE (Enter the title of the document being corrected.)

3. TITLE OF DOCUMENT BEING CORRECTED: Articles of Organization

PARTIES TO THE DOCUMENT (Enter the name of each party to the document being corrected.)

4. NAME OF EACH PARTY TO THE DOCUMENT BEING CORRECTED

DOCUMENT FILE DATE (Enter the date the document being corrected was filed with the Secretary of State.)

5. FILE DATE OF DOCUMENT BEING CORRECTED: 11 (MONTH) · 13 (DAY) · 2007 (YEAR)

DOCUMENT PROVISION (Item 6: Enter the provision in the document as previously filed and, if the execution of the document was defective, indicate the manner in which it was defective. Item 7: Enter the provision in the document as corrected. Attach additional pages if necessary. Additional information set forth on attached pages, if any, is incorporated herein by this reference and made a part of this certificate.)

6. PROVISION IN DOCUMENT AS PREVIOUSLY FILED

LAVSANNE LLC

7. PROVISION IN DOCUMENT AS CORRECTED

LAUSANNE LLC

EXECUTION (Form LLC-11 must be executed in the same manner in which the document being corrected was required to be executed.)

8. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON | DATE: 11/20/07 | TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: Anna Manukyan, Organizer

SIGNATURE OF AUTHORIZED PERSON | DATE | TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

9. NAME: Daniel D. White, Esq.
FIRM (if any): Law Office of Daniel D. White
ADDRESS: 26 Corporate Plaza Dr. Ste. 260
CITY/STATE/ZIP: Newport Beach, CA 92660

APPROVED BY SECRETARY OF STATE