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COVER LETTER

то:	Registration S Division of Co		f	•
CI ID II		roperties LLC		
SUBJI				
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Ashok Aitharaju		
			Name of Person	
		Haskan Properties LLC		
			Firm/Company	<u>.</u>
		3936 W Gardenia Ave		
			Address	
		Weston, FL 33332		
		ashokaitharaju@yahoo.com	City/State and Zip Code	
		E-mail address:	to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please c	all:	
Ashok	Aitharaju		954 695-6796 at ()	
	Name c	of Person		Telephone Number
Englose	ed is a check for t	he following amount:		
\$25	5.00 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 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Haskan Properties LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears o d Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 06/21	/2010	_ and assigned
Florida document number L10000066212			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		Sir	2019
			S
			(Tartes)
Enter new mailing address, if applicable:		ري دع	
(Mailing address MAY BE A POST OFFICE BOX)		13 132	
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>∆i</u> *.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on ou ere:	ur records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	Z***	, Florida	7: 0.1
Nam Basistand Annual Cinner 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Venkat Kandala	Address 1143 Old Nursery Way, Pensacola.	Type of Action
———		FL 32514	Add
			Remove
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change

D: If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	9/16/2019 tive date, if other than the date of filing:
f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Septembre 12, 2019. Signature of a member or authorized representative of a member
	- AAS
	ASHOK A THARAJU Typed or printed name of signee

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Filing Fee: \$25.00