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TALLAHASSEE, FI HAIE

J. SAULSBERRY EXAMINER

OCT 28 2011

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	ARYA	MAYA, L.L.C.			
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	J. (Geoffrey Pflugner, Esq.			
		Name of Person			
Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.					
		Firm/Company			
	8470 E	Enterprise Circle, Suite 201			
		Address			
	Lake	ewood Ranch, FL 34202		ZOII SE TALL	
		City/State and Zip Code	•	CRE CAE	"T
jpflugner@icardmerrill.com E-mail address: (to be used for future annual report notification)				ASS ASS	Land States
For further information	e-mail address: ()	•	ation)	2011 OCT 27 PK 1:33 SECRETARY OF STATE TALLAHASSEE, FLORIDE	
				LOR FOR	· Can
	frey Pflugner, Esq.	at (941) 9 Area Code & Daytime	07-0006	<u> </u>	
Name	or rerson	Area Code & Daytime	refeptione Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	sed)
	ING ADDRESS:	STREET/COURIE Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARY	AMAYA, L.L.C.				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now apper Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	March 24, 2004	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	<u>:re</u> :			
The new name must be distinguishable and end with the wo "L L.C."	rds "Limited Liability Comp	nany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:			<u>.</u>		
(Principal office address MUST BE A STREET ADD)	RESS)				
			28 Z		
			I OCT		
Enter new mailing address, if applicable:		. · · <u>· · · · · · · · · · · · · · · · ·</u>	7032		
(Mailing address MAY BE A POST OFFICE BOX)			SE RY		
		<u> </u>			
			SE =		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter th	e name of the new		
egistered agent und/or the new registered office add	ress nere:				
Name of New Registered Agent:					
New Registered Office Address:					
	iter Florida street addr	eet address			
		, Florida			
	City		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 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> **Type of Action** MGRM Arya C. Nalluri 2100 S. Tamiami Trail, Ste. 200 Bradenton, FL 34239 ☐ Add
✓ Remove MGRM Maya R. Nalluri 2100 S. Tamiami Trail, Ste. 200 ☐ Add Bradenton FL 34239 ✓ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) ARTICLE V. MANAGEMENT OF COMPANY is deleted and replaced with: ARTICLE V. MANAGEMENT OF COMPANY. "The Company shall be manager managed". October 26 Dated Signature of a member or authorized representative of a member **RAJA NALLURI** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00