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SECRETARY OF STATE

COVER LETTER

SUBJECT: NANKLRI							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Michael R. Presley, Esq						
(Name of Person)							
	Presley Law Center						
		(Firm/Company)					
		(Address)					
	Tampa, Florida 33647						
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
Michael R. Presley		at (786) 837-7093					
(Name of	Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	following amount:						
☑ \$25.00 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

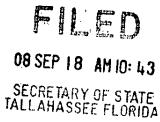
TO:

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 TO ARTICLES OF ORGANIZATION OF



(Name of the Limited	NANKI REAL ESTATE I d Liability Company as it now a A Florida Limited Liability Comp	I.C ippears on our records.) oany)	•
The Articles of Organization for this Limited L	iability Company were filed o	a <u>6/12/2006</u>	and assigned
Florida document number <u>L06000060051</u>			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	y here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability (Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the	name of the new
Name of New Registered Agent:	Manjit Kundlas		
New Registered Office Address:	110 Wyndham Drive		
<u>-</u>		(Enter Florida street addres	<u></u>
	Winter Haven	, Florida <u>33884</u>	
	(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 Changing Registered Agent, Signature of New Registered Agent)

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	Manjit Kundals	110 Wyndham Drive Winter Haven, Florida 33884	Add Remove
MGRM_	KMK Family Limited Partnership	110 Wyndam Drive Winter Haven, Florida 33884	Add Remove
			AddRemove
D. Ifamen	iding any other information, enter chang	e(s) here: (Attach additional sheets, if necess	ary.)
<u>-</u> -			
			OB SEP 18 SECRETAR
Dated Septe	Signature of a member	or authorized representative of a member	AN IO: 43 SEE FLORIDA
	Manjit Kundlas	S. assiptized representative of a member	DE L
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00