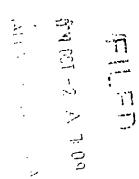
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## COVER LETTER

то:	Registration Se Division of Cor					
eun ir	From Babu					
SUBJE						
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
	BABU BALASUNDARAM					
		•43				
	Firm/Company 2321 BELLEFIELD CV					
		シュー				
		BBABUB@GMAIL.COM	City/State and Zip Code			
		E-mail address: (	to be used for future annual report n	otification)		
For furth	ner information co	oncerning this matter, please c	all:			
	BABU BA	LASUNDARAM	407 334-8006 at ( )			
	Name o	f Person		ime Telephone Number	<u> </u>	
Enclosed	d is a check for th	ne following amount:				
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifical Certified	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	oorations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABU BALASUNDARAM LLC				
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our record</mark> Liability Company)	5.)		
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on JANUARY 2007	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
A. If amending name, enter the new name of the limited liab  AKSHAYA REALTY LLC  The new name must be distinguishable and contain the words "Limited Liabi		(-)		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2321 BELLEFIELD CV	60 77		
(Principal office address MUST BE A STREET ADDRESS)	OVIEDO	<del></del>		
	FL - 32765	0		
Enter new mailing address, if applicable:	2321 BELLEFIELD CV			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	OVIEDO			
,	FL - 32765			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office 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 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 **Type of Action** Title <u>Name</u> **Address** □ Add \_□ Remove \_□ Change Remove \_□ Change) □'Add □ Remove \_ Change ☐ Add ☐ Remove \_□ Change \_□ Add □ Remove \_□ Change □ Add ☐ Remove

☐ Change

. If amending any other information	i, enter change(s) here: (Attach ada	litional sheets, if necessary.)	
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 60 iling requirements, this date will not be lis	95.0207 (. ted as tl
the record specifies a delayed ef ) The 90th day after the record	fective date, but not an effectiv is filed.	e time, at 12:01 a.m. on the earl	ier of:
Dated OCTOBER FIRST	2018		
/3	Bah		
Sig	nature of a member or authorized representat	tive of a member	
BABU	BALASUNDARAM		
<del></del>	Typed or printed name of signed	e	

Page 3 of 3

Filing Fee: \$25.00