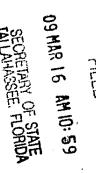
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Certified Copies	_ Certificate	s of Status
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M. THOMAS MAR 17 2009 EXAMINER

COVER LETTER

TO: Registration Section ' ' Division of Corporations
SUBJECT: AMERICAN PROPERTY MANAGEMENT & HOME HI' (Name of Limited Liability Company) IMPROVE MENTS
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KORAPATI (Name of Person) AMERICAN PROPERTY MANAGEMENT & HOME IMPROVEMENT (Firm/Company) 4524 GUN CLUB ROAD SUITE 212 (Address)
(Firm/Company) 4524 GUN CLUB ROAD SUITE 212 (Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 628-768-6 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

HMERICAN PROPERTY MAN	IAGEMENT &	HOME IMPROV	IZMENT
MERICAN PROPERTY MAN (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou d Liability Company)	r records.)	140
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>JANU</u>	ARY 14, 2009 and ass	igned
Florida document number L0900004235	5	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	e designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		MALLA	9 MAR
(Mailing address MAY BE A POST OFFICE BOX)		Į.	16 A
		F	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our rec ere:	ords, enter the name o	SI news
	_		•
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flo	rida street address)	
	(Line) Pio	,	
: · · · · · · · · · · · · · · · · · · ·	(City)	_, Florida (Zip Code	 e)

New Registered Agent's Signature, if changing Registered Agent:

N

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>Address</u> Type of Action <u>Name</u> **Title** IMTIAZ AHMED MGR ☐ Add Remove 🖪 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 03-12-0° R KORAPATT Signature of a member or authorized representative of a member KRISHNA KORAPAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00