Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000234782 3)))



H100002347823ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 Phone

: (727)442-1200 Fax Number : (727)443-5829

**Enter the email address for this business entity to be used for Tuture ω annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOWLER PROPERTY HOLDINGS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. SAULSBERRY EXAMINER OCT 28 2010

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOWLER PROPERTY HOLDINGS, L.L.C.

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.}	
The Articles of Organization for this Limited Liability Company were filed onAu	gust 31, 2009 and assigned	
Florida document number L09000083984		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company here</u> :		
The new name must be distinguishable and end with the words "Limited Liability Company," "L.L.C."	'the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	AR 00 1	
Enter new mailing address, if applicable:	35	
(Mailing address MAY BE A POST OFFICE BOX)	開業プー	
	25 co (
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new	
registered agent and/or the new registered office address here:	•	
NY SNY D. T. AAAAA		
Name of New Registered Agent:		
New Registered Office Address:		
Enter	Enter Florida street 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 capa	city. I further agree to camply with	

If Changing Registered Agent, Signature of New Replatered Agent

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.

MGR - Manager

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:

MGRM = Mai	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Ramulu Eligeti	1245 Court Street, Suite 102 Clearwater El 33756	Add Remove
MGR	Jamuna Eligeti	1245 Court Street, Suite 102 Clearwater, FL 33756	Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			FIL 2010 OCT 27 TALLAH SSALO
			TILE TIZZ AM SSKYOFFI
Dated	October 27 2	<u>010</u> .	AH 8:37
-	•	er or authorized representative of a member	
-	ALAN s. GASSI Type	MAN, Authorized Representative ed or printed name of signice	_ .

Page 2 of 2

Filing Fee: \$25.00