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SECRETARY OF STATE
ASSEC, FLORIDI

J. BRYAN

APR 1 6 2009

EXAMINER

COVER LETTER

	istration S sion of Co	ection rporations		
SUBJECT:		NI	KHI, LLC	
SUBJECT	·		ted 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:	
		S	reenivasulu Cherukuri	
			Name of Person	HO APR 15 PM 1: 20 TO APR 15 PM 1: 20 SECRETARY OF STATE FALL AHASSEE, FLORID
			Firm/Company	ASSET IS
			205 W Hillsboro Blvd	TO THE
			Address	器 20
		Dec	erfield Beach, FL 33442	
		₩ 11112	City/State and Zip Code	
		E-mail address: (HILLC1@GMAIL.COM to be used for future annual report notifications.	tion)
For further in	formation	concerning this matter, please of	eall:	
		E CHERUKURI	at (<u></u>)	633336
	Name	of Person	Area Code & Daytime	elephone Number
Enclosed is a	check for	the following amount:		
\$25.00 Fil	ling 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 P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NIKHI, LLC		10000000000000000000000000000000000000
(Name of the Limited I (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	1/15/2010	and assigned
Florida document number 10000071	39		7.20 7.20
This amendment is submitted to amend the follow	wing:		*
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	****		
(Mailing address MAY BE A POST OFFICE B	<u></u>		
			I A II ALEXENDRICA
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	nter Florida street aa	
			
	City	, riorida _	Zin 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

'Il 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 Title <u>Name</u> Address **Type of Action MGRM** Sreenivasulu Cherukuri 2205 W HILLSBORO BLVD ✓ Add DEERFIELD BEACH, FL 33442 Remove MGRM Lavakush Thalakola 2205 W HILLSBORO BLVD ☐ Add Remove DEERFIELD BEACH, FL 33442 ☐ Add Remove ☐ Add Remove ___Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary 2) March 31 2010 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Ajay Vemuri
Typed or printed name of signee