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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone Fax Number : (305)592-9591

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DLP REAL ESTATE HOLDING, LLC.

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK JUN 1 4 2011

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | STATE HOLDING | | |
|---|---|---------------------------------------|-------------------------|
| (A Fioride | ty Company as It now appear | are on our records.) | e en fem gen mener |
| The Articles of Organization for this Limited Liability Florida document number L11000045921 | Company were filed on | APRIL 18, 2011 | and assigned |
| This amendment is submitted to amend the following: | | | • |
| A. If amending name, enter the new name of the lin | nited liability company la | erė: | |
| The new name must be distinguishable and end with the w-"L.L.C." | ords "Limited Liability Com | pany," the designation "LI | .C" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | arman arman |
| | | · | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BR A POST OFFICE BOX) | | <u></u> | - RE- |
| | | | DF: J |
| B. If amonding the registered agent and/or registered agent and/or the new registered office ad | stered office address on dress here: | our records, <u>enter th</u> | e pame of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | ····· | | |
| • | 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 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 Manager or Manager being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Litle</u> | Name | Address | Type of Action |
|---------------|--|--|----------------|
| MGRM | DALIP PUNJABI | 2020 NW 96 AVE DORAL FI 33172 | Add Remove |
| <u>MGRM</u> | RITESH D. PUNJABI | 2020 NW 96 AVE. DORAL, FL 33172 | Add Remove |
| | <u></u> | | Add Remove |
| - | | | Add Remove |
| | | | Add Remove |
| - | | | Add Remove |
| D. If amon | ding any other information, enter char | nge(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | II JUN 13 |
| Dated | , | | |
| 'as | Lov | of or authorized representative of a member | 7: 4.7 |
| | 1 ур | ed or printed name of signee Page 2 of 7. | |

Filing Fee: \$25.00