L1200067646

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COVER LETTER

	stration Secti sion of Corpo				
SUBJECT:	AARYA LIL				
SUBJECT: _		Name of Limi	ited Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return :	all correspond	lence concerning this matter	to the following:		
		JALANDHAR ELIGETI			
			Name of Person		
		THIRUMALA HERITAG	E LLC		
	Firm/Company				
10644 LAGO BELLA DRIVE					
	ORLANDO, FL 32832				
		JDELIGETI@GMAIL.COM			
			to be used for future annual	report notification)	
For further inf	formation con	eerning this matter, please ca	all:		
JALANDHA	R ELIGETI		321 35	6-7308	
	Name of P	erson	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ing Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ži.	13.12.325 FU 1:48
AARYA LILY LLC		- 103 KS R.J. J. J.
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records,) Limited Liability Company)	1.48
he Articles of Organization for this Limited Liability Co	ompany were filed on 5/18/2012	and assigned
lorida document number L12000067646	_· 	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
THIRUMALA HERITAGE LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Hauling dualess WAT BE A FOST OFFICE BOXY		
		
3. If amending the registered agent and/or registered	l office address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior It the date inserted in this block does not meet the application of the date inserted in the Department of State's records.	able statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective this filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted AUGUST 21 2025	V
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Filing Fee: \$25.00