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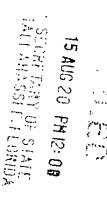
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COVER LETTER

	ision of Corp			
SUBJECT:	HINDU PRO	OPERTIES, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Brent Gordon, Esq.		
			Name of Person	
		The Gordon Law Firm, P.A	٨.	
			Finn/Company	
		PO Box 10338		
			Address	
		Tampa, Florida 33679		
			City/State and Zip Code	
		bg@thegordonfirm.com	to be used for future annual report notifi	
For further i	nformation co	oncerning this matter, please ca		cation;
Brent Gordo	on		727 379-2288	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	Filing 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HINDU PROPERTIES, LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our recor ability Company)	ds.)		
The Articles of Organization for this Limited L Florida document number L14000033099	Liability Company	were filed on 02/26/2014	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here;			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		4615 Serenata Place			
(Principal office address MUST BE A STREI	ET ADDRESS)	San Diego, California 92130			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		4615 Serenata Place San Diego, California 92130			
B. If amending the registered agent and registered agent and/or the new registered of			一		
Name of New Registered Agent:	The Gordon La	ıw Firm PA	AUG 2		
New Registered Office Address:	1219 N. FRAN	KLIN STREET			
	Tampa	Enter Florida street addr	Torida 32602 A		
	·····	City	Xip Codes		

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 ≈	AMBR≈ Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
			☐ Change		
	·		Remove		
			□ Change		
			☐ Remove		
			☐ Change		
					
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. 11 41110	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E. Effect	ive date, if other than the date of filing: (optional)	10		
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	ill not be	listed a	s the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o e 90th day after the record is filed.	n the ea	arlier o	of:
Dated	08/15/2015			
	Signature of a member or authorized representative of a member		_	
	Marzia Street		_	

Page 3 of 3

Filing Fee: \$25.00