

From:

04/28/2015 08:25

#225 P.001/004

Division of Corporations

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L15000062672
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****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
SURAPANENI FAMILY REAL ESTATE I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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15 APR 28 AM 10:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 28 AM 8:30

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APR 29 2015
J. HARRIS

From:

04/28/2015 08:26

#225 P.002/004

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SURAPANENI FAMILY REAL ESTATE I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/09/2015 and assigned
Florida document number L15000062672.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: RAJANI SURAPANENI

New Registered Office Address: 8011 VIA MONTE CARLO WAY APT # 112

Enter Florida street address

ESTERO, Florida 33928

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

From:

04/28/2015 08:26

#225 P.003/004

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAJNI SURAPANENI	8011 VIA MONTE CARLO WAY APT # 112	<input type="checkbox"/> Add
		ESTERO, FL 33928	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAJANI SURAPANENI	8011 VIA MONTE CARLO WAY APT # 112	<input checked="" type="checkbox"/> Add
		ESTERO, FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KRISHNA SURAPANENI	1501 LOCUST ST., APT # 303	<input type="checkbox"/> Add
		PHILADELPHIA, PA 19012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	APARNA SURAPANENI	415 E. 37TH ST APT # 32-H	<input type="checkbox"/> Add
		NEW YORK, NY 10016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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#225 P.004/004

[illegible]

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Dated 4/27/2015, _____

Typed or printed name of signee

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