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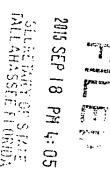
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PICK-UP	☐ WAIT	MAIL
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J. HARRIS

COVER LETTER

	ion Section . of Corporations						
OTTO TO OTT	in Suri Real Estate						
Sobsect.	Name of Li	mited Liability Company					
The enclosed Artic	cles of Amendment and fee(s) are su	abmitted for filing.					
Please return all co	orrespondence concerning this matte	er to the following:					
		Name of Person					
	Aswin Suri Real Estate						
		Firm/Company					
	552 N Oleander Ave	552 N Oleander Ave					
•		Address					
	Daytona Beach, FL 3211	Daytona Beach, FL 32118					
		City/State and Zip Code					
	team@aswinsuri.com						
		to be used for future annual report notification	ication)				
For further information	ation concerning this matter, please	call:					
Kanwal Suri		386 383-3000 at ()					
1	Name of Person		Telephone Number				
Enclosed is a chec	k for the following amount:						
■ \$25.00 Filing l	Fee S30.00 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)				
	<i>:</i>						

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

Aswin Suri Real Estate, LCC					
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	<u>r_records.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 8/14/2015			and assigned		
Florida document number L15000140776					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company here:				
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designati	on "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)	- Es	<u>Na</u>		
		j- (-)	- 2		
		35	TO erosano		
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		নু নু ———— <u>হ</u> েল	- 70-F		
		<u> </u>			
		Z.	ഗ		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, <u>enter th</u>	e name of the		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stre	et address			
	, , , , , , , , , , , , , , , , , , , ,	, Florida			
	Citv		Zip Code		

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:

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Aswin Suri		PO Box 290186, Port Orange, FL 32129	■ Add
				□ Remove
				Change
				Add
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e record : The 90th	n day after the record	d is filed.	2015 	presentative of a me		SCURETARY	2015	

Filing Fee: \$25.00