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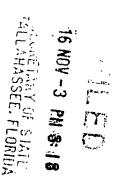
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(Re	questor's Name)	· · · · · · - ·
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COVER LETTER

TO:		tration S on of Co		ions		
SUBJE	CT:	QB	In	ITERNATION	AL REALTY	GROUP, LLC
		<u> </u>		Name of Limi	ted Liability Company	
•					•	
The enc	losed A	rticles o	f Amer	dment and fee(s) are subr	nitted for filing.	
Please r	eturn al	ll corresp	onden	e concerning this matter	to the following:	
			_	PRASHANT	VAOI1ULA 5 Name of Person	
					Name of Person	
				INITY COA	SOLUTIONSS	266
			=	7 0 2 0177	SOLUTIONS, Firm/Company	
•				16421 TUR	WRURY OAK	0 K .
			_		NBURY OAK Address	
				ADECSA	E1 33556	
				ODES STY,	FL 33556 City/State and Zip Code	
			F	RASHANT © E-mail address: (t	TNTLCPASO o be used for future annual report	COTIONS, COM
For furt	her info	rmation		ing this matter, please ca		
PR.	15H.	ANT Name	V/	POHULAS	at (83) 7	77-1993 Lytime Telephone Number
Enclosed	d is a cl	neck for t	he foll	wing amount:		
				_	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
		Regist Divisi P.O. B	ration ton of Clox 632	DDRESS: ection orporations 7 L 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VB 21	NTERNATIONAL	REAC	-14	SROUP	222		
	VII RNATION AC (Name of the Limited Liability (A Florida	y Company as i Limited Liability	t now appears y Company)	on our records.)		
The Articles of Organization	for this Limited Liability Co	ompany were	filed on	10/24/	2016 an	d assigned	l
Florida document number			-				
This amendment is submitte	l to amend the following:						
A. If amending name, ente	r the new name of the limi	ted liability c	ompany hei	<u>'e</u> :			
DAMLA BUA The new name must be distinguish	INUKARA, L						
The new name must be distinguish	able and contain the words "Limi	ted Liability Cor	npany," the de	signation "LLC"	or the abbreviation	n "L.L.C."	
Enter new principal offices	address, if applicable:				<u> </u>		 -
(Principal office address M	JST BE A STREET ADDR	ESS)					
				_ 			
Enter new mailing address	if applicable:						
(Mailing address MAY BE A	<i>POST OFFICE BOX</i>)						
							6,
						₹ 3	1.25
B. If amending the regis registered agent and/or the			iddress on	our records,	enter the ha	: I	e new
						√ ω ≎ mar	
Name of New Regi	stered Agent:	,			15. S.		
					RA:	<u>-</u>	
New Registered Off	ice Address:	_ 	Enter Florie	da street address		<u>@</u>	
				Flor	eido		
		C	ity	, F101	ridaZip (Code	
New Registered Agent's Signs	ture, if changing Registered	Agent:					
I hereby accept the appoint provisions of all statutes recacept the obligations of my being filed to merely reflect company has been notified	ative to the proper and co position as registered ag a change in the registered	mplete perfo ent as provia	rmance of t led for in Cl	ny duties, and hapter 605, F	l I am familia .S. Or, if this	r with and document	1
		If Changing R	egistered Age	nt, <u>Signature</u> 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> _□ Add ☐ Remove _

□ Change □ Add □ Remove □ Change ☐ Remove □ Add ☐ Remove □ Change _□ Add _□ Remove

□ Change

D. If ar	mending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)		
				
				
			Es	
			AHAS	- ¥0 ∧
			SETU	<u> </u>
			FLORID	69
(If an e <u>Note</u>	effective date is listed, the state of the state inserted the state inserted the state inserted the state of	han the date of filing: 10/28/20/6 (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puin this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	z> irsuant to	605.0207 (3) listed as the
If the re	ecord specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	the ea	arlier of:
Dated	Octobor	28 , 2016. Dr. Oelle n		
		Signature of a member or authorized representative of a member		-
		DAMLA BURNUKARA		
		Typed or printed name of signee		-

Page 3 of 3

Filing Fee: \$25.00