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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	me)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			•		
SUBJE		REAL INVESTMENTS LLC				
		Name of Lim	nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Swarna Deepika Nagururu	1			
			Name of Person			
		NIMISHA REAL INVES	TMENTS LLC			
			Firm/Company			
		2435 Blue Stone Ct				
			Address			
		Valrico FL 33594				
			City/State and Zip Code	S	22	
		kishorenvkb@gmail.com			111	
		E-mail address: (to be used for future annual report notifi	cation)	2017 OCT 12	1
For furtl	her information co	oncerning this matter, please c	all:		12	
Swarna	Deepika Nagurui	ru	813 716-1774 at ()	. 7	<u>.</u> 	
	Name of	f Person	Area Code Daytime	Telephone Number	03	
Enclose	d is a check for th	e following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

NIMISHA REAL INVESTMENT	'S LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	nny as it now appears o Liability Company)	n our records.)	<u></u>	
The Articles of Organization for this Limited Liability Company were filed on 04/13/2017 Florida document number L17000083703				_ and assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here	:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		2435 Blue Stone C	Ct, Valrico FL 33594		
Principal office address MUST BE A STRE.	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2435 Blue Stone C	Et, Valrico FL 33594		
3. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter th</u>		
Name of New Registered Agent:	Kishore Nagur	uru			
New Registered Office Address:	2435 Blue Stor				
		Enter Florida	street address		
	Valrico		, Florida 33594	<u> </u>	
	. —	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 Po son(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>	•	Type of Action
MGR	Kishore Nagururu	2435 Blue Stone Ct		_□ Adđ
		Valrico, FL 33594		_■ Remove
				Change
				_□ Add
				_□ Remove
				_ Change
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				☐ Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTODER 9th 2017 Cenilu W Signature of a member or authorized representative of a member
	Cu Desilu N
	Signature of a member or authorized representative of a member
	SWARNA DEEPAKA NACULURU
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00