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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		LEWOOD, LLC		
30031.		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Rajashekar Nandyala		
			Name of Person	
			Firm/Company	
175 N HAROLD ST: APT#235				
			Address	
		SALT LAKE CITY, UT 8		
		RNANDYALAR@YAHO	City/State and Zip Code O.COM	
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please co	all:	
Rajashek	kar Nandyala		832 3163474 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	00 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



REIS ENGLEWOOD, LLC

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

	Critima Emilied Habitity Company)	
The Articles of Organization for this Limited Liab Florida document number L18000005399	oility Company were filed on 01/08/2018	and assigned
Fiorida document number	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	. D. D. D. C. C. C.	
Francisco de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrata del contrata		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	_
D IC P A VA I VA		
B. If amending the registered agent and/or registered agent and/or the new registered office	- registered office address on our re ce address here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	·	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performance of my duti red agent as provided for in Chapter gistered office address, I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SATISH CHENNAREDDY	1134 W Granville Ave, Unit#915	
		Chicago, Illionois - 60660	≡ Remove
			☐ Change
AMBR	SATISHNATH CHENNAREDDY	134 W Granville Ave, Unit#915	B Add
		Chicago, Illionois - 60660	□ Remove
			Change
			□ Reproved On the Property of
			——□ Add 59
			☐ Remove
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			□ Remove
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			□ Chanue

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F Wast	ing data if other the data of CII
Note:	ive date, if other than the date of filing:
ne red 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	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00