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	ion Section of Corporations			
SUBJECT:	wharten	Reyly	L (C	
		ivanie or Linnie	ed Landing Company	
The enclosed Artic	les of Amendment a	nd fee(s) are subm	itted for filing.	
Please return all co	orrespondence concer	ning this matter to	the following:	
		ANT	G.A.C. Name of Person	
	_ 6h	artin	neally (<u>(C</u>
	SGS	50 Stil	Address	
		14 w 20 d	City/State and Zip Code	7 (
	adi	Cal Red	City/State and Zip Code A Company of the used for fature annual report	noulication)
For further inform	ation concerning this	matter, please cal	1 :	
ANI	Name of Person		at (<u>398</u>) <u>NO</u> Area Code Di	91305 aytime Telephone Number
Enclosed is a chec	k for the following a	mount:		
X S25.00 Filing		Filing Fee & cate 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHARTON REALTY 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 3 /26) Florida document number <u>L) 900 (10</u> 73573 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 v ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Bhikhari Gangalai 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: Florida street address

Holly word Florida 3/02/
Zip Code Name of New Registered Agent: New Registered Office Address:

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 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
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		thlyand to 33001	\ ₹Remove
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Mr	Bhithari Gangada	5650 Strlug R	/ SAdd
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ecord specifies a delayer is filed.	d effective date, but i	not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
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ated <u>Ø ·)</u> · <u> </u>	Signature of	La membra author	rized representative of a	i member	

Filing Fee: \$25.00