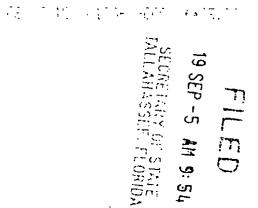
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KUNAL, CCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CURRAN K. PORTO, PA
Southern Elder LAW CURPANK. PORTO, PA
410 S. WARE BLUD, Ste. 105
TAMPA, FL 33619 City/State and Zip Code
INFO & SOUTHERN ELDELLAW. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CORFANK, FORTO, PA at (S13) 676-0088 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectified Copy (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**

KUNAL, LCC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>4900149807</u> This amendment is submitted to amend the following:	pany were filed on 61519	and assigned	
-			
A. If amending name, enter the new name of the limited	liability company here:		
KUNAL CONSULTING 1 The new name must be distinguishable and contain the words "Limited I	LLC Liability Company," the designation "LLC" or the a	abbravinion"	
Enter new principal offices address, if applicable:	SAHR_	SE TO	
(Principal office address MUST BE A STREET ADDRESS	<u>v</u>	35.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME V	M 9: 54	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new	
Name of New Registered Agent:	IKETA D. THAKKAR	Z	
New Registered Office Address:	Enter Florida street address		
	City	Zip Code	
Name Dogistared Agent's Signature if shanging Dogistared Ag	i anti		

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 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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The 90th day afte	r the record is filed.				
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(X)	Signature of a re	nember or authorized rep	presentative of a member		
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Filing Fee: \$25.00