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### COVER LETTER

4	COVEREETTEN	
TO: Registration S		
Division of Co	·	
SASH PI	ROPERTIES LLC	
SUBJECT:		_
	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	SYAMALA PALLI	
	Name of Person	_
	SASH PROPERTIES LLC	
	Firm/Company	_
	1274 GARRISON DR	
	Address	
	SAINT AUGUSTINE, FL 32092	
	City/State and Zip Code REALSAMPALLI@GMAIL.COM	_
	E-mail address: (to be used for future annual report notification)	. 2 독일
	concerning this matter, please call:	20 HAY
SYAMALA PALLI	904 806-8808 at ()	26
Name	of Person Area Code Daytime Telephone Numb	3: 2
Enclosed is a check for	the following amount:	න <u>ව</u> ී.
<b>\$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00  Certificate of Status Certified Copy Certifi	Filing Fee, cate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy (additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SASH PROPERTIES LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited L  Florida document number	owing:	were filed on	20 HAY 25	
to it amending manie, ener the new manie of	T the minted har	mer company nere	:: PH 3:	2.72
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "LLL"	<del></del>
Enter new principal offices address, if applic	rabler	1274 GARRISON	√DR	
(Principal office address MUST BE A STREE		SAINT AUGUST	TNE, FL 32092	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	1274 GARRISON SAINT AUGUST		<del></del>
B. If amending the registered agent and/or r agent and/or the new registered office addre		address on our reco	ords, enter the name of the new reg	istered
Name of New Registered Agent:	SYAMALA PA	ALLI		
New Registered Office Address:	1274 GARRIS	ON DR		
		Enter Florida	i street address	
	SAINT AUGU	ISTINE	, Florida 32092	
		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 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>	<u>Address</u>	Type of Action
AMBR	SYAMALA PALLI	1274 GARRISON DR	
			<b>=</b> Add
		SAINT AUGUSTINE	
			□Remove
		FL 32092	57.71
AMBR	ANUPAMA BADANA	1274 GARRISON DR	□Change
711171	AUCHARUCHARA		<b>=</b> Add
		SAINT AUGUSTINE	
			□Remove
		FL 32092	
			□Change
MGR	JOAN PPALMER	6260 DUPONT STATION CT E, STE C	
			□ Add
		JACKSONVILLE	<b>≡</b> Remove
		F1.32217	Sitemore
			□Change
			🗆 Add
			□Remove
			□Change
			Demange
			🗀 Add
			□Remove
			□ Change
			m saa
			□Add
			□Remove
		*#141	
			□Change

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