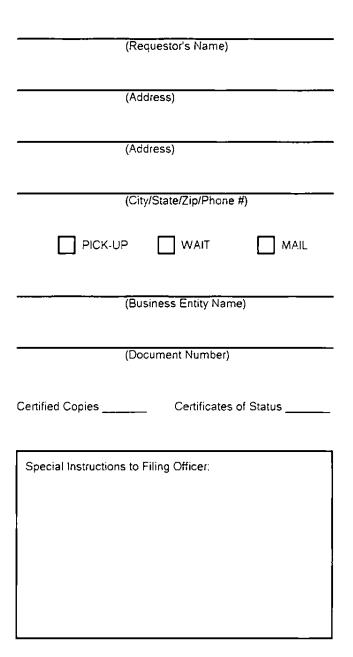
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Office Use Only



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2024 KEP - 0 PH 4: 4: 5

COVER LETTER

TO: Registration Sec Division of Corp					
Resu Reality	, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Rekha Mareddi				
	Name of Person				
	Resu Reality, LLC				
	Firm/Company				
	10950 NW 82ND ST 313				
	Address				
	DORAL, FL 33178				
		City/State and Zip Code			
	Srikanth@Pakala.net E-mail address: (to be used for future annual report notification)				
For further information co	ncerning this matter, please c		(Kanva)		
Srikanth Pakala		248 9818625 at ()			
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 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)		
		e			

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

RESU REALITY, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on Jan 12, 2024	and assigned
orida document number L24000027645		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
ESU REALTY, LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
2. 1. 65		
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		777.4
		1 C2
nter new mailing address, if applicable:		•===
•••		,*
Mailing address MAY BE A POST OFFICE BOX)		
	-	
. If amending the registered agent and/or registered office acgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new regist
	Enter Florida street address	
	Florida	1
	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>	Address	Type of Action
AMBR	Rekha Mareddi	10950 NW 82ND ST, 313, DORAL, FL 33178	■Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated __ 2024 Signature of a member or authorized representative of a member Rekha Mareddi Typed or printed name of signee

Filing Fee: \$25.00