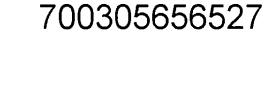
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(Re	questor's Name)			
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C. GOLDEN NOV 22 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THUMMALAPAL	LLY PROPERTIES INC	
DOCUMENT NUMB	3	P11000097685	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
		DILIP V JAMBHEKAR	
-		Name of Contact Person	1
-		Firm/ Company	
		8260 NW 49TH MNR	
-		Address	
	(CORAL SPRINGS FL 3306	57
-		City/ State and Zip Code	e
		dilip2304@yahoo.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DILIP	V JAMBHEKAR	at (<u>9</u> 54	638-9449
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

	of			_	
	THUMMALAPALLY PROPERTIES INC	2017	NOV 2 I	PH	1:07
(Name of Co	orporation as currently filed with the Florida Dep	t. of State)			11111
	P11000097685	- ,-1		r -	.di idy
	(Document Number of Corporation (if known)	····			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation as	dopts the fo	ollowing an	endme	nt(s) to
A. If amending name, enter the new name	of the corporation:				
			The	e new	,
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, B. Enter new principal office address, if applicable of the company of the compa	pplicable: EET ADDRESS) le:	alion name	must cont		•
D. If amending the registered agent and/or new registered agent and/or the new re-	r registered office address in Florida, enter the nar gistered office address:	ne of the			
Name of New Registered Agent					
_	(Florida street address)	<u></u>			
New Registered Office Address:		, Florida			
	(City)	_	(Zip Code	,	
New Registered Agent's Signature, if change I hereby accept the appointment as registered	l agent. I am familiar with and accept the obligation	s of the pos	sition.		
	Signature of New Registered Agent, if changing				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change		NIRAJ THAKKER	227 SE 3RD ST
X Add			POMPANO BEACH
Remove			FL 33060
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
· · · ·	
f an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	lementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)

NOVEMBER 1ST 2017	
The date of each amendment(s) adoption:, date this document was signed.	if other than the
JANUARY 1ST 2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
NOVEMBER 1ST 2017 Dated	
Signature V Suzlija Raddy	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)	
SHYLAJA REDDY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	