L05000573/86

(F	Requestor's Name)	
	,	
<u>(A)</u>	Address)	
(A	Address)	**************************************
<u> </u>		
(0	City/State/Zip/Phone	#) ,
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(F	Occument Number)	
	oodment Humber,	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE,

FILED

COVER LETTER

то:	Registration Division of	Section Corporations							
SUBJ	ECT:		Raipar	th Inve	stments,	LLC			
5020					ity Company)				
The en	closed Articles	s of Amendment a	nd fee(s) are	submitted for t	iling.				
Please	return all corre	espondence concer	ming this mat	ter to the follo	wing:				
			Bimal	Shah					
	•			(Name of Pers	on)				
			Rajpar	th In v e	stments,	LLC			
	•			(Firm/Compar					
							SEC	7007	
			4715 N	(Address)	th Terra	<u>ce</u> _	<u> </u>	<u>_</u>	
				(Tradition)			TAR ASS	2001 JAN 16	
			Coral	Springs	, Florida	a 33076	ARY O	σ	
	•			ty/State and Zip			F STATE	U	FILED
							SET A	? 5	
For fur	ther information	on concerning this	matter, please	e call:			Þ.	œ	
		William R.	Black, E	sq. at (954	561-22	33		
		(Name of Pers	son)			& Daytime Te	lephone N	lumber)	
Enclose	ed is a check for	the following amour	nt:						
\$25.	00 Filing Fee	★ \$30.00 Fi			Filing Fee &			Filing F	
		Certific	ate of Status		fied Copy tional copy is en	closed) (Certificate Certified ((additiona	Сору	s & enclosed)
	MA	ILING ADDRES	SS:		STREET/	COURIER	ADDRE	SS:	
		istration Section ision of Corporati	one		Registration of	on Section of Corporation	nc		
	עוע	ision of Comoran	UHS		DIVISION O	i Corporatio	IIS .		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Rajparth Investments, LLC			
	(Present Name) (A Florida Limited Liability Company)			
	1 1 :			
FIRST:	The Articles of Organization were filed on andocument number	ıd assigned	l	
SECOND:	This amendment is submitted to amend the following:			
	Rajparth Holdings, LLC			
		TA'S	21	
		LAH	JAL E	7
		ARY OF	<u>-</u>	
		F STAT	<u>7</u>	_E
		S m.	· co	
				
Dated				
		•		
	Signature of a member of authorized representative of a member	er	 	
	Typed or printed name of signee			

Filing Fee: \$25.00