10000003003

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name) (D) - 3003 (Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: All Omland					

Office Use Only



400065148694

02/06/06--01042--007 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LADHANI PROPERTIES LLC
(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:
RAHIM GHAFFAR LADHANI (Name of Person)
LADHANI PROPERTIES LLC.
(Firm/Company)
11406 NW 48TH CT
COLAL SPRINGS, FL 330 76 (City/State and Zip Code)
For further information concerning this matter, please call:
RAHIM LADHANI at (954) 609 7483. (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$25.00 Filing Fee & \text{Certificate of Status}\$\$\$ \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Solutional copy is enclosed}\$\$\$ \$60.00 Filing Fee, \text{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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LADHANI	PROPERTIES	LLC.	<u> </u>	
		(Present Nar (A Florida Limited Liab	me) oility Company)		
FIRST:	The Articles of Organization were filed on JANUARY 10, 2006 and assigned document number L0600003003.				
SECOND:	This amendment is subm	itted to amend the following	g:		
	MAN	SAGER / MA	EMBER DETAI		
	RAHIN	1 GHAFFAR	LADHANI	(MGR)	
		ONLY			
				57(2)	
		, , ,			
Dated	February 2nd	1, 2006.	er en		
	Q	Dar/		₩	
	Signat	ure of a member of authorized	d representative of a member		
	RAHIN	4 GHAFFAR Typed or printed na	LADHANI me of signee		

Filing Fee: \$25.00