## 107000001274

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## **COVER LETTER**

TO:	Registration Se Division of Cor		æ	47	
	Teji Investr				
SUBJE	ECT:		nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Gunwant S Dhaliwal			
			Name of Person		
			Firm/Company		
6329 State Road 54					هد راسد
	Address				<u> </u>
		New Port Richey, FL 3465	53		一部 三
		dhaliwalg@yahoo.com	City/State and Zip Code		NOV 13 A
		E-mail address: (	to be used for future annual report notifi	ication)	9: 2: LORID
For fur	ther information co	oncerning this matter, please c	all:		25 IDA
Gunwa	int S Dhaliwal		727 844-5555 at ( )		
	Name of	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teji Investments LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000001274</u> .	were filed on 01/04/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 N T
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ETO 3 AM 9 25 SEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:	/	
New Registered Office Address:	Enter Florida street address	
	emer r toriaa sirvet alaress	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGRM	A & A Family Investments L.P.	6329 State Road 54, New Port Richey, FL 34653	
			Remove
			Change
MGRM	GSD Management Services LLC	6329 Stae Road 54, New Port Richey, FL 34653	■ Add
			☐ Remove
			Change
	-		
		<del></del>	Remove TI
			CD Change  D Add
			☐ Remove
			Change
			□ Remove
			□ Change
			☐ Remove

D. If amending any other informatio	on, enter change(s) here: (Attach additional sheet.	s, if necessary.)
	<i>-</i>	<del>'</del>
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	11.07.2018	
	e specific and cannot be prior to date of filing or more than 90 ok does not meet the applicable statutory filing requirem	
If the record specifies a delayed e (b) The 90th day after the record	effective date, but not an effective time, at 1 d is filed.	12:01 a.m. on the earlier of:
Dated November 7th	· 2018	<i>→</i>
Sig	gnature of a member of authorized representative of a membe	er
Gunwant S Dhaliwal		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00