L07000054122

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EXAMINER



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04/05/12--01025--024 **655.00

SECRETARY OF STATES OF CORPORATIONS

COVER LETTER

	tion Section of Corporations
eup meer.	SHAH Investments, UC
SUBJECT:	SHAH Investments, uc
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Shital Mehte
	Name of Person
	Shah med ments, LLC Firm/Company
	14701 N. Florida Ave Address
	Jampa Florida 33613 City/State and Zip Code dicua 2003 Q + ton bay r - com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Diana	Rochguez at (813) 265- 2066 ext 22 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing I	Fee \$\int_{\$30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 10R 10	W. Carlot	,
8/0	THE STATE OF	•
	B *	

SHAH Investm	inv as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (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>L 070000591 a</u> 2	were filed on 6/05/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
SHAH INVESTMENTS TRUST,	LLC
The new name must be distinguishable and end with the words "Limi"L.L.C."	
Enter new principal offices address, if applicable:	13927 Shady Shores Onive Tampa FL: 33613
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL: 33613
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14701 N. Florida Ave. Jampa Pl 33613
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Linei I toi taa sii eet aaan ess
 	, Florida City Zip Code
	Cuy Zip Coae

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager ' MGRM = Managing Member <u>Title</u> **Name Address Type of Action** ☐ Remove ☐ Add ☐ Remove 🔲 Add Remove Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00