#109000083506

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COVER LETTER

Division of C	Section Corporations					
SUBJECT:	SHIVAM P	ROPERITES, LLC				
•		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sui	bmitted for filing.				
	spondence concerning this matter					
		Suman R. Patel				
		Name of Person				
		Firm/Company				
		142 Oakwood Lane	_			
		Address				
	Palm Be	each Gardens, Florida 33410 City/State and Zip Code				
	SP E-mail address: (atel33410@gmail.com to be used for future annual report notifica	ition)			
For further information	n concerning this matter, please of	·	,			
	Suman R. Patel	at (561) 329-	7333			
Nam	e of Person	Area Code & Daytime	Celephone Number			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg	ILING ADDRESS: istration Section	STREET/COURIE Registration Section Division of Corporat				

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 11 NOV -3 PM 3: 45

SHIVAM PROPERITES
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document numberL09000083506	were filed on	08/28/2009	_ and assigned
This amendment is submitted to amend the following:			
A If a monding pages actor the new name of the limited likely	:::		
A. If amending name, enter the new name of the limited liab			
SHIVAM PROPE The new name must be distinguishable and end with the words "Limi		1) 4) - di4' 9T Y (22 - 4
"L.L.C."	ted Liability Company	," the designation "LLC	or the addreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	?s
	Florida -		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of provided for in Cha	ny duties, and I am pter 608, F.S. Or, if	familiar with and this document is

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

	Name	Address	Type of Actio
-			Add Remove
			Add Remove
			Add Remove
,			Add Remove
			Add Remove
			Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_ _
	ct		
 ated	October 31 St , 20	011 .	

Page 2 of 2

Filing Fee: \$25.00