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SECRETARY OF STATE

T. CLINE

AUG - 2 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Jaipur Investment LLC Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Patricia Dalay Name of Person	-
	Winka Services LLC Firm/Company	-
	18710 8W107 Auf #11	- IA:s 24
	Address Manu Fr 33157 City/State and Zip Code brad 2011 @gmail.com	ALLAHASSE
	E-mail address: (to be used for future annual report notification)	TARY OF ST
For further information co	oncerning this matter, please call:	₩ ₩
Patricio Name of	Person at (305) 2249344 Area Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed)	iling Fee, eate of Status & ed Copy onal 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

TAIPUR IN	Vestme	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number	iability Company			and assign	ned
This amendment is submitted to amend the follows:	owing:				
A. If amending name, enter the new name o	f the limited lial	bility company here:			
The new name must be distinguishable and end win "L.L.C."	th the words "Lim	ited Liability Company,"	the designation "LLC	" or the abb	 reviation
Enter new principal offices address, if applic	able:	ria			
(Principal office address MUST BE A STREE	ET ADDRESS)				
		<u>.</u>	A.,	")	
			AHA	AUG T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MA	ZS.	j 1-	Tarizana Tarizana
			E C		FT
			FLORID.		-
			22 A	∵lar C/I	M.n.
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter the	name of	the new
Name of New Registered Agent:	<u> </u>	- Marie - Mari			
New Registered Office Address:					
		Enter Florida street address			
		·	, Florida		
		City	2	Zip Code	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	MGRM = Managing Member						
	<u>Title</u>	<u>Name</u>	Address	Type of Action			
	MGR	LAMECH WILLIAMS	18710 SW 107 Ave Unit 11 MIAMU FL 33157	Add Remove			
k	MGR	Bradley Lecky	187 10 SW 107 AVE #8	Add Remove 			
*	MGR	Bradley Lecky	18710 SW 107 Ave Unit11 Manu FL 33157	Add Remove			
				Add Remove			
				Add			
			HASSEE F	Add Remove			
	D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary)	5 C			
	*	please Change	the adley Lecky from	ි ජා - -			
	Dated	/ /	authorized representative of a member				
	_	BRADIOY Typed or	printed name of signee				
Page 2 of 2							

Filing Fee: \$25.00