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COVER LETTER

TO: Registration Sec Division of Corp		20	17 EEC 1 AM 9: F1
SUBJECT:	SHIVA Name of Lim	14VESTHENT	S 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	Day A	REW SIEW	
		INVEST HENTS	
		W 178 546	
	Popretto	Bay Wa City/State and Zip Code	3312.7
	E-mail address: (to be used for future annual report notif	ication)
For further information ec	oncerning this matter, please c	all:	
Name of	Person	at (365) 200 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)

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

No 🖇

ARTICLES OF AMENDMENT

TO)	- 28
ARTICLES OF O	RGANIZATION	
Ol	F	
The Articles of Organization for this Limited Liability Company of Florida document number 1100032597	was it now appears on our records.) ability Company) were filed on 3/17/2011	्र श्र and assigned (्
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ly Company," the designation "LLC" or the abb	oreviation "L.L.C."
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)		
D. If amonding the registered agent and/or registered off		the serve of the zero

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

City

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 605, 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 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		8100 5W 178 Stout Palmeto Bay Fla 33155	<u>}</u> □ Remove
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ective date, if other than the date effective date is listed, the date must be the lift the date inserted in this block	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 days to statutory filing requirements	after filing.) Pursuant to 605.02 s, this date will not be listed:
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record specifies a delayed ϵ	offective date that not a	an effective time, at 12:0	01 a.m. on the earlier
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Filing Fee: \$25.00