## L110000 46598

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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NIGO O S 2015 J. HARRIS

## **COVER LETTER**

	stration Sect sion of Corp			
SUBJECT:	ERUM RAU	F LLC.		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	all correspond	dence concerning this matter	to the following:	
		ERUM KRIPALANI		
			Name of Person	
			Firm/Company	
		3184 SW 156 PLACE		
			Address	
		MIAMI, FL. 33185		
		erum.rauf@elliman.com	City/State and Zip Code	******
		E-mail address: (	to be used for future annual repor	t notification)
For further inf	formation cor	ncerning this matter, please ca	all:	
ERUM KRIP	'ALANI		786 262709	
	Name of I	Person	at () Area Code D	aytime Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fil	ling 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

## TO ARTICLES OF ORGANIZATION OF

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( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on APRIL 19, 2011	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
ERUM KRIPALANI LLC.		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	<u>.</u>
	—————————————————————————————————————	- 205 -
Enter new mailing address, if applicable:		· ω ;···
(Mailing address MAY BE A POST OFFICE BOX)		
	Ser. 3	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		e name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter rioriaa street aaaress	
	, Florida	Zip Code
New Degistered Agent's Signature if changing Degistered Agen	•	<b>г</b> ір Со <b>а</b> е

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)		
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an effective I locume	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.  The date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.  The date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	g.) Pursuant to 6 e will not be li	sted as	
ated _	JULY 29, 2015.			
	Discord on	272		
	Signature of a meliber or authorized representative of a member		15 AU	
	Typed or printed name of signee	1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	AUG -3	
		: 17 <u></u>	PM	
	Page 3 of 3	至当	<del></del>	
	Filing Fee: \$25.00	26	5	

Filing Fee: \$25.00