# 1-12000149687

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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: OM SHIVAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# **ALEEM KANJI**

Name of Person

FINACCTSVC@GMAIL.COM

Firm/Company

730 W COLONIAL DR.

Address

ORLANDO, FL 32804

City/State and Zip Code

FINACCTSVC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# **ALEEM KANJI**

Name of Person

<sub>37</sub>407,423-2371

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM SHIVAM LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 11/29/2012	and	assigned
Florida document number L12000149687	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and end with the walL.C."	words "Limited Liability Company," the designation "	LLC" or tl	ne abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	~	
	<u> </u>	2013	
Enter new mailing address, if applicable:		- 13t - 23 20	E
	<u> </u>	-7	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>	
		- <del></del>	
	and the second s	GPT.	
B. If amending the registered agent and/or reg	istered office address on our records, enter	the name	e of the nev
registered agent and/or the new registered office ac	<u>Idress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	Enter Florida street address	
	, Florida		
		Zin C	nde

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 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> <u>Address</u> **Type of Action RUCHI PATEL** 10116 SPRINGTREE CT MGRM **TAMPA, FL 33615** 10116 SPRINGTREE CT KAMLESH PATEL **MGRM TAMPA, FL 33615** 7.7 Remove Remove Remove Remove

If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
MARCH 5	2013
ited WARCH 5	
_ & Gamajite	f a member or authorized representative of a member
Signature o	f a member or authorized representative of a member
SANGITA PATEL	
	Typed or printed name of signee

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