L13000001191

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Re	gistration Se vision of Cor	ection Porations		
eun ir <i>e</i> t.		SH INVESTMENTS LLC.		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Name of Person		
			Name of Person	
		Whitehouse & Cooper, PL	LC	
			Firm/Company	
201 E. Pine Street, Suite 205			05	
			Address	
		Orlando, FL 32801		
		_	City/State and Zip Code	
		_	•	
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please e	all:	
Daniel D. Whitehouse, Esq.				
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	he following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 DocuSign Envelope ID: CF607027-D0F9-40CE-87A0-CE7D284C7B40
ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

SABAREESH INVESTMENTS LLC.		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number £13000007191	were filed on 01/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
·		
Enter new principal offices address, if applicable:		50 00 0
(Principal office address MUST BE A STREET ADDRESS)		
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		= 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		Is, enter the name of the name
New Registered Office Address:	Enter Florida street addre	PSS
	F	lorida
	City	lorida
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, a	ınd Lam familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

DocuSign Envelope ID: CF607027-D0F9-40CE-87A0-CE7D284C7B40 Traineduring Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIJAYARAGHAVAN KRISHNAN	141 WATERMAN AVE	□ Add
		MOUNT DORA, FL 32757	
			Remove
			Change
			Add
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Effective date, if other than the	e date of filing:		A Citien and the Citien Of	(optional)	
f an effective date is listed, the date mu Note: If the date inserted in this b	lock does not meet	the applicable sta	or ming or more man so itutory filing requirer	ments, this date wi	ll not be listed
document's effective date on the I	repartment of State	s records.			
ne record specifies a delaye	d effective date	e, but not an e	ffective time, at	12:01 a.m. on	the earlier
The 90th day after the red					
Datad August 20	2	018			
Jaied	· -				
/ 555554					
Dated August 20 Docusigned by: Lratu Kayasopa D04193837027434	lan		presentative of a mem		

Page 3 of 3

Filing Fee: \$25.00