13000026366

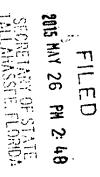
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Sec vision of Gorp			
SHRIFCT	Kapil Proper	ties LLC		
SUBJECT:	N.C	Name of Lim	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspond	dence concerning this matter	to the following:	
		Sajit Kurup		
			Name of Person	
		Tampa2Rent LLC		
			Firm/Company	····
		P. O. Box 46562		
			Address	
		Tampa, FL 33646	·	
			City/State and Zip Code	
		tampa2rent@gmail.com		
		E-mail address: (to be used for future annual report	notification)
For further i	nformation cor	ncerning this matter, please ca	all:	
Sajit Kurup			813 2203968	
	Name of I	Person	Area Code Day	vtime 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

FILED

2015 MAY 26 PM 2: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kapil Properties, LLC		•	
(Name of the Limited Lia (A Flo	ability Company a orida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liabilit Florida document number L13000026366	ty Company we	re filed on Feb 19, 2013	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability	company here:	
The new name must be distinguishable and contain the words "	'Limited Liability (Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: <u> </u>		
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)	2 _		
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Flor	
		City	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dhansukh G. Amlani	26826 Mesquite Orchard Lane	_ Add
		Katy, TX 77494-4152	□ Remove
			☐ Change
MGR Sajit Kurup	16350 Bruce B Downs Blvd, #465 6 2		
	•	Tampa, FL 33646	■ Remove
	MGR Deepa Kurup 16350 Brue		☐ Change
MGR		16350 Bruce B Downs Blvd, #465 € 2.	
		Tampa, FL 33646	Remove
			□ Change
			Add
			☐ Remove
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	20 A	. #8
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list)5,020 7
he record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.		ier of:
Dated 5/20/15,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00