

L13000026366

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(Address)

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(Business Entity Name)

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2015 MAY 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kapil Properties 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:

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 information concerning this matter, please call:

Sajit Kurup

813 2203968

at ()

Name of Person

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**

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2015 MAY 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kapil Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 19, 2013 and assigned
Florida document number L13000026366.

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
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>	<u>Type of Action</u>
MGR	Dhansukh G. Amlani	26826 Mesquite Orchard Lane	<input checked="" type="checkbox"/> Add
		Katy, TX 77494-4152	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sajit Kurup	16350 Bruce B Downs Blvd, #46562	<input checked="" type="checkbox"/> Add
		Tampa, FL 33646	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deepa Kurup	16350 Bruce B Downs Blvd, #46562	<input checked="" type="checkbox"/> Add
		Tampa, FL 33646	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5/20/15, _____

Signature of a

Signature of a member or authorized representative of a member

Deepa Kurup

Typed or printed name of signee