L13000039659

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	egistration Sec vision of Corp			
SUBJECT:	. WA	LI INVEST	MENTS LLC	
٠		Name of Limi	ted Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please retur	m all correspon	dence concerning this matter	to the following:	
		ALAMGI	R WALI Name of Person	
		WALI	INVESTMENT. Firm/Company	s LLC
		9953 3	Shadow Creek Address	Dv.
		Orland	City/State and Zip Code	2.
		Alamain E-mail address: (t	wali @ holma o be used for future annual report notification	il·com
For further	information cor	ncerning this matter, please c	all:	
ALA	MGIR Name of I	WAL1 Person	at (727) 424, 3	Gephone Number
Enclosed is	a check for the	following amount:		
\$25,00]	Filing Fec	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



April 9, 2013

ALAMGRI WALI 9953 SHADOW CREEK DRIVE ORLANDO, FL 32832

SUBJECT: WALI INVESTMENTS LLC

Ref. Number: L13000039659

We have received your document for WALI INVESTMENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 913A00008377

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

WALL LNUESTME	• •
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1300039659</u>	ere filed on 31513 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	l Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Mana MGRM = Ma	nger nnaging Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALAMGIR WALL	9953 Shadow Cree	K Add
		9953 Shadow Cree Dr. Orlando, Fl 3283	Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
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	Jernavali	
	Signature of a member or authorized representative of a member	
	lehny Wali	
	Typed or printed name of signee	
	Page 2 of 2	

Filing Fee: \$25.00

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