# L130000069507

(Red	questor's Name)
(Add	dress)
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

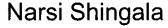
SUBJECT

Shayona 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:



Name of Person

Shayona Properties, LLC

Firm/Company

28475 S. Dixie Hwy, Apt. 200

Address

Homestead, Florida 33033

City/State and Zip Code

nickshingala@yahoo.com

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

For further information concerning this matter, please call:

# Narsi Shingala

,,,305,**248-562**2

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)

3 H 20 H 2: 4

### **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**

Shayona Properties, LLC

company has been notified in writing of this change.

(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 Li	ability Company were	iled on May 13, 2013	and assigned
Florida document number L13000069507	<del></del> .		<b>X</b> .
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Lia	bility Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applications	able:		-
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE A	<u></u>		
			<del></del>
B. If amending the registered agent and/o		idress on our records, <u>er</u>	nter the name of the new
registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent:	Narsi Shingala		
New Registered Office Address:	28475 S. Dixie H	lighway, Apt. 200	
New Registered Office Address:		Entar Florida straa	et address
	Homestead	, Floric	la 33033  Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as registering filed to merely reflect a change in the placets.	roper and complete pe stered agent as provia	erformance of my duties, a led for in Chapter 608, F.S	nd I am familiar with and Or, if this document is

Page 1 of 3

If Changing Rogistered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Narsi Shingala	28475 S. Dixie Highway	√ Add
		Apt. 200	Remove
		Homestead, FL 33033	
MGRM	Nikunj Shingala	28475 S. Dixie Highway	Add
		Apt. 200	Remove
		Homestead, FL 33033	
			Add
			Remove
			_
			Add
			Remove
		·	_
			Add
			Remove
			_
	····		Add
			Remove

). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
May 20	2013
	·
- Andrie	yalu.
Narsi Shingala	pure of a member or authorized representative of a member
<del> </del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00