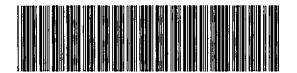
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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration of Division of	n Section Corporations				
CHDIFOT.	SHATI T	ARA LLC			
SUBJECT:	Name of Limited I	Liability Company			
The enclosed Article	s of Amendment and fee(s) are submitte	ed for filing.			
Please return all cor	espondence concerning this matter to th	e following:			
	NAUSH	EEN MAJLISH	1		
	SHATI	TARA LLC			
	1140 TH	ACKERY WA	Υ	a. 2	
	WESLEY	Address CHAPEL, FL 3	3543	2014 MAR 25	
	nrabb	ity/State and Zip Code 1@hotmail.com used for future annual report notif	ication)		
For further informat	on concerning this matter, please call:	·		FM 1: 05	*
NAUS	HEEN MAJLISH	410 ₃ 40-5	586	्युः	
N	me of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check	for the following amount:				
□ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	3 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

	THI TARA LLC				
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ccords.)			
The Articles of Organization for this Limited Liability C	Company were filed on December	er 11, 2013 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
N/A					
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD)	RESS)	20 4 H I			
Enter new mailing address, if applicable:		25			
(Mailing address MAY BE A POST OFFICE BOX)		9 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new			
Name of New Registered Agent:	N/A	100000000000000000000000000000000000000			
New Registered Office Address:	Enter Florida street	address			
	Florida				
An Annual Printers	City	Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address** Type of Action 1140 Thackery Way Nausheen Majlish MGR 🖪 Add Wesley Chapel, □ Remove FL 33543 Shama Chowdhury 1140 Thackery Way MGR □ Add Wesley Chapel Remove FL 33543 □ Remove □ Add ☐ Add □ Add ☐ Remove

Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated March 19th 2014 Vausheen Majlish / Nabiha Chowdhury Typed or printed name of signee	
Dated March 19th 2014 Dated March 19th 2014	
Dated March 19th 2014 Davisheld March 19th 2014 Davisheld March 19th 2014	
March 19th Dated March 19th 2014 Vausheln Mailisk / Nabiha Chowdhurd Signature of a member or authorized representative of a member Nausheen Majlish / Nabiha Chowdhurd Typed or printed name of signee	
Nausheen Majlish / Nabiha Chowdhury Nausheen Majlish / Nabiha Chowdhury Typed or printed name of signee	
Nausheen Majlish / Nabiha Chowdhury Nausheen Majlish / Nabiha Chowdhury Typed or printed name of signee	
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Filing Fee: \$25.00