L14000009307

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (During Frake, No. 19) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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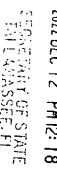
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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
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| our more | SHANTI OM IN | IVESTMENTS, LLC | • | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | RONALD D DAVIS | | | |
| | <u> </u> | Name of Person | | | |
| | GUSTASON A | ND DAVIS FINANCIAL SER | VICES | | |
| | | Firm/Company | | | |
| | | 1063 HWY 90 | | | |
| | | Address | | | |
| | | CHIPLEY, FL 32428 | | | |
| | ·- | City/State and Zip Code | | | |
| | | rdchipley@aol.com | | | |
| | | to be used for future annual report (| notification) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| RONALD D DAVIS | | 850 at () | 638-5663 | | |
| Name o | f Person | | time Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | <u>Street Address</u> Registration | | | |
| Registration Section Division of Corporations | | Division of Corporations | | | |
| P.O. Box 632 | | | of Tallahassee | | |
| Tallahassee, | FL 32314 | 2415 N. Mot | aroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHANTI OM INVE | STMENTS, LLC | | |
|---|---|-------------------------|--------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now apper Liability Company) | ers on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document numberL14000009307 | y were filed on _ | JANUARY 17,2014 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company l | <u>iere</u> : | _ |
| The new name must be distinguishable and contain the words "Limited Liab | vility Company " the | designation "LC" or the | Shireviation L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | designation libe of the | DEC 12 |
| Enter new mailing address, if applicable: | | | PHIZ: 18 SFE. FL |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our | records, enter the na | me of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Fi | orida 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> | Address | Type of Action |
|--------------|----------------|-------------------|----------------|
| MGR | MAHESH B PATEL | 1150 MOTEL DRIVE | □Add |
| | | CHIPLEY, FL 32428 | ≅Remove |
| | | | □Change |
| | | | |
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| OWNED BY HIMSELF | TO RAJESH B P | ATEL. THE | RESULT WILL L | EAVE RAJESH I | B PATEL AS THE | E |
|---|---|----------------------------------|---|--|--|----------------------------|
| SOLE OWNER OF SHA | NTI OM INVES | TMENTS, LL | C. | | · · | |
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| fective date, if other than | the date of filin | ıg: | 07/31/2021 | (or | otional) | |
| in effective date is listed, the date of the late in the date inserted in the | must be specific an s block does not | d cannot be price meet the appli | r to date of filing or r cable statutory fili: | nore than 90 days at ng requirements, t | fer filing.) Pursuant his date will not b | to 605.020 be listed as |
| cument's effective date on the | e Department of | State's record | s | | | |
| | | | | | (1) 77 004 1 | |
| ecord specifies a delayed effi is filed. | ctive date, but no | t an effective | time, at 12:01 a.m. | on the earlier of: | (b) The 90th da | y after the |
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| | ne- | V/2/20 | 1 | <u> </u> | | |

Filing Fee: \$25.00