L14000087219

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2015 SEP 21 PM 1: 51
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K.SALY EXAMINER SEP 24 2015

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Keval Kantaria

Phone 304 433 7833

Address: Keval Kantaria 6608 S Westshore blvd #2105 Tampa FL, 33616

то:	Registration Division of C		
SUBJE	ст: <u>М</u>	Name of Limited Liability Company	
The end	losed Articles	Amendment and fee(s) are submitted for filing.	
Please r	eturn all corre	ondence concerning this matter to the following:	
		KEVAL KANTARIA	
		Name of Person	
		MAISHA INTERNATIONAL INVESTMENTS LLC 0/8/A NATUS Firm/Company TABL	૮ ત - ∉
		6608 S. WESTSHORE BLUD # 2105 Address	
		TAMPA1 FL/ 33 616	
		City/State and Zip Code	
		City/State and Zip Code Kevalkantaria@amail.com E-mail address: (to be used for future ababal report notification)	
For furt	her informatio	concerning this matter, please call:	
	Kevo	Kantaria at (304) 433 7833 Area Code Daytime Telephone Number	
	Nan	of Person Area Code Daytime Telephone Number	
Enclose	d is a check fo	the following amount:	
\$25	.00 Filing Fee	■\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
		ING ADDRESS: STREET/COURIER ADDRESS: Registration Section	
	Div	on of Corporations Division of Corporations Ox 6327 Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION MAISHA INTERNATION AL INVEST MENTS LLC 21 PM 1:5/ (Name of the Limited Liability Company as it now appears on our records of LAHASSY OF -/ Organization for this Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L</u>14000087219 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." MAUHA INTERNATIONAL INVESTMENTSCLE Enter new principal offices address, if applicable: DRA: NATURES TABLE (Principal office address MUST BE A STREET ADDRESS) 400 N. TAMPA ST. SUFF 120 TAMPA, PL, 33602 AS ABOUR 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: Enter Florida street address TAMPA Florida Florida Tim Code New Registered Office Address:

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

MGR = Ma AMBR = Au	nager thorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	FILED 2015 SEP 21 PM 1:51	Type of Action
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rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00