L15000 192891

(Re	questor's Name)	
(Add	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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MAR 2.9 2016 J. HARRIS

COVER LETTER.

TO	Division of Corpo			
su	BJECT: MNJK, LLC	Real Estate, CL Name of Limi	. C	
		Name of Limi	ted Liability Company	
		mendment and fee(s) are subr		
Pie	ase return all correspond	dence concerning this matter t	o the following:	
		Manoj Nathwani		
			Name of Person	
		Rams Real Estate Holdinga	,LLC Firm/Company	
			· ····································	
		970 Carillon Drive #300	Address	
		S4 D-4		
		St. Petersburg, FL 33716	City/State and Zip Code	
allpropsinvestments@gmail.com E-mail address: (to be used for future annual report notification)				
Fo	r further information cor	ncerning this matter, please ca	H:	
Manoj Nathwani at (727) 667-6246 Name of Person Area Code Daytime Telephone Number			Telephone Number	
	Name of 1	Cison	Area code Dayunk	, receptione runtoer
En	closed 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)

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

CHANGE

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor Florida document number L1500192891	mpany were filed on 11/16/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		86 5
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		De la
		AR Mod PP , M
Enter new mailing address, if applicable:		Es 🗕 🗂 🗀
(Mailing address MAY BE A POST OFFICE BOX)		REA S
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iress
		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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JULIE KOCH	970 Carillon Dr. #300	
		St. Petersburg, FL 33716	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			D'Change
			DAdd
			PF Remove
			RATE Sample Change
			□ Add
			☐ Remove
			□ Change

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(If an ei <u>Note:</u>	tive date, if other than the date of f fective date is listed, the date must be specifi If the date inserted in this block does a ment's effective date on the Department	c and cannot be prior to date of filing or mot meet the applicable statutory filing	(option ore than 90 days after fil g requirements, this d	ing.) Pursuant to 60	05.0207 (3)(b) sted as the
	cord specifies a delayed effective 90th day after the record is file		ime, at 12:01 a.r	n. on the ear	lier of:
Dated	March 23	_, 2016 Max		TAE	
	Signature	of a member or authorized representative	of a member	S TAR	ार असू श्री हुँ
		V		್ಕ್ ∾	E C SOUTH
	Manoj Nathwani	Typed or printed name of signee			
				11 P.	5
		Page 3 of 3		PH 4: 33 OF STATE FLORIDA	

Filing Fee: \$25.00