## 116000019359

| (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                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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NOV 15 2016 S. YOUNG TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration S Division of Co |  | <b>∀</b>  |  |
|-----------------------------------|--|---|--|
| SHIVNA                            | ,<br>ГН REAL ASSET MANAGEM                   | ENT,LLC   |  |
| SUBJECT:                          | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles o           | f Amendment and fee(s) are sub               | mitted for filing.  |  |
| Please return all corresp         | ondence concerning this matter               | to the following:   |  |
|                                   | MISHRA, BRAJ B.                              |   |  |
|                                   |  | Name of Person  |  |
|                                   | SHIVNATH REAL ASSE                           | T MANAGEMENT,LLC  |  |
|                                   |  | Firm/Company  |  |
|                                   | 424 E CENTRAL BLVD,                          | # 505   | 16 K   |
|                                   |  | Address   |  |
|                                   | ORLANDO, FL, 32801                           |   | To Now It PH F: F7   |
|                                   |  | City/State and Zip Code   | <u> </u>   |
|                                   | brajbmishra@gmail.com                        | to be used for future annual report notifi                          | cation)  |
| For further information           | concerning this matter, please co            | ·   |  |
| BRAJ B. MISHRA                    |  | 407 990-2010  |  |
| 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) |
|                                   | LING ADDRESS: tration Section                | STREET/COURIE Registration Section                                  |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHIVNATH REAL ASSET MANAGEMENT, LLC   |  |
|---|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Liab   | as it now appears on our records.) bility Company)           |
| The Articles of Organization for this Limited Liability Company we Florida document number L 16000079359.                   | ere filed on 04/22/2016 and assigned                         |
| This amendment is submitted to amend the following:   | •  |
| A. If amending name, enter the new name of the limited liabilit   | y company here:  |
| The new name must be distinguishable and contain the words "Limited Liability   | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | <u> </u>   |
| (Principal office address MUST BE A STREET ADDRESS)   | 6 CARE   |
| -   | = 002  |
| Enter new mailing address, if applicable:   | PH TLOSSE  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
| -   |  |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | re address on our records, enter the name of the new         |
|   | N.A.   |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                                 |
|   | , Florida  |

## 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> <u>Address</u> |                            | Type of Action  |  |
|--------------|----------------------------|----------------------------|---|--|
| AMBR         | MISHRA, BRAJ B.            | 424 E. CENTRAL BLVD. # 505 |   |  |
|              |                            | ORLANDO, FL 32801          | Remove  |  |
|              |                            |                            | Change  |  |
| AMBR         | MISHRA, SARITA             | 595 W CHURCH ST. # 611     | <b>√</b> Add  |  |
|              |                            | ORLANDO, FL 32801          | ,<br>□ Remove   |  |
|              |                            |                            | ☐ Change  |  |
| MGR,VP       | MISHRA,SARITA              | 424 E CENTRAL BL;VD        |   |  |
|              |                            | #505 , ORLANDO, FL 32801   | 16 Regione And  |  |
|              |                            |                            | Chaffige  |  |
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| ve date, if other than the da                          | ate of filing:                         | (optional   | )   |
| ctive date is listed, the date must be                 | e specific and cannot be prior to date | (optional te of filing or more than 90 days after filing statutory filing requirements, this date | 2.) Pursuant to 605.0<br>will not be listed |
| ent's effective date on the Depa                       |  | statutory ming requirements, time dance   | , will not be libree                        |
|  |  |   |   |
| ord specifies a delayed e<br>90th day after the recore |  | effective time, at 12:01 a.m.   | on the earlier                              |
|  | 2 .2 <del></del>                       |   |   |
| NOVEMBER 10  | 2016                                   |   |   |
|  |  | .021  |   |
|  | 131210                                 | $V_1 \rightarrow V_0$ .   |   |

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Typed or printed name of signee

Filing Fee: \$25.00