L16000173225

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TALLAHASSEE, FLORIDA

D. SCOTT
DEC 14 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

PATEL CHIRAG
16235 IVY LAKE DR
ODESSA, FL 33556

SUBJECT: ISHAANVI INVESTMENT LLC
Ref. Number: L16000173225

RECEIVED
2016 DEC 14 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ISHAANVI INVESTMENT LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONE OF THE AUTHORIZED PERSON(S) NAMES IS CUT OFF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00023883

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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

ISHAANVI INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 7,2016 and assigned Florida document number L16000173225.

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."

**Enter new principal offices address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

**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:

New Registered Office Address:

*Enter Florida street address*

City Florida Zip Code

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**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | INTERNATIONAL MEDICAL HELP SOCIETY | 6850 TPC DR,STE 108, MCKINNEY, TX 75070 | ■ Add ☐ Remove ☐ Change |
| MGR | PATEL CHIRAG | 16235 IVY LAKE DRIVE ODESSA, FL 33556 | ☐ Add ☐ Remove ■ Change |
| MGR | PATEL MITAL | 16235 IVY LAKE DRIVE ODESSA, FL 33556 | ☐ Add ☐ Remove ■ Change |
| | | | ☐ Add ☐ Remove ☐ Change |
| | | | ☐ Add ☐ Remove ☐ Change |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MR PATEL CHIRAG OWNED 50% UNITS OF THE COMPANY SINCE INCORPORATION DATE.

MS PATEL MITAL OWNED 50% UNITS OF THE COMPANY SINCE INCORPORATION DATE.

EFFECTIVE FROM 09/7/2016 MR PATEL CHIRAG HAS TRANSFERRED HIS 50% UNITS TO

INTERNATIONAL MEDICAL HELP SOCIETY AND HE WOULD REMAIN AS A MANAGER

EFFECTIVE FROM 09/7/2016 MS PATEL MITAL HAS TRANSFERRED HER 50% UNITS TO

INTERNATIONAL MEDICAL HELP SOCIETY AND SHE WOULD REMAIN AS A MANAGER OF

INTERNATIONAL MEDICAL HELP SOCIETY (100%) (MEMBER/MANAGER)

THEY MAY APPOINT ANY OF THEIR EXECUTIVE AS MANAGER ANY TIME IN THE FUTURE.

INTERNATIONAL MEDICAL HELP SOCIETY (100%) 6850 TPC DR,STE 108, MCKINNEY, TX 75070

PATEL CHIRAG (MANAGER) 16235 IVY LAKE DRIVE, ODESSA, FL 33556

PATEL MITAL (MANAGER) 16235 IVY LAKE DRIVE, ODESSA, FL 33556

**E. Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOMBER 11TH 2016

Signature of a member or authorized representative of a member

PATEL CHIRAG, PATEL MITAL, VAISHALI THAKKAR

Typed or printed name of signee

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**Filing Fee: $25.00**