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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

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# **COVER LETTER**

TO: Registration Se Division of Cor			·
SHIVOM II	NVESTMENT LLC		
SOBJECT.	. Name of Lim	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	-	
	VIJAY PATEL		
		Name of Person	
	244 SIENA GARDEN CII	Firm/Company	
		Address	<del></del>
en gartina e	GOTHA, FL 34734		
		City/State and Zip Code	
	KAL@JNSASSOCIATE.C		2016 ALL/
ومدر	E-mail address: (	to be used for future annual report notifica	AHA NO NO
For further information c	oncerning this matter, please c	all:	SSE 28
VIJAY PATEL - AGEN	Т	407 253-5330	NOV 28 D
Name o	f Person		elephone Number R
Enclosed is a check for th	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### SHIVOM 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 Li Florida document number L16000207467	ability Company	were filed on NOVEMBER 1	4, 2016 and assigned	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company " the designation "LI	C" or the abbreviation "I I C"	
Enter new principal offices address, if applicable:		907 SPRING OAK CIRCLE		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32828		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I)  B. If amending the registered agent and/oregistered agent and/or the new registered offi	or registered of		50 6	e new
Name of New Registered Agent:	RAJOO N SUC	•	NOV 2	<u> </u>
New Registered Office Address:	907 SPRING O			<u> </u>
	ORLANDO	Enter Florida street addr	ess SS 45 Colorida 52828 S	ナ _
N. B. L. J.		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.

LN SUCHAV.

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 = 1 AMBR = 1	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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ective date, if other than the da effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depa	specific and cannot be prior to dat does not meet the applicable s	e of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursua nents, this date will no	ant to 605.020 of be listed a
record specifies a delayed e he 90th day after the record	fective date, but not an is filed.	effective time, at	12:01 a.m. on the	e earlier (
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Page 3 of 3

Filing Fee: \$25.00