## 117000003846

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Sec Division of Corp		·	
		Shivmal Investment LI	LC	
SUBJE	ECT:	Name of Limit	ed Liability Company	<del></del>
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	adence concerning this matter to	o the following:	
		Vijaiantie Jadnauth		
			Name of Person	
		Shivmal Investments LL0	C	
			Firm/Company	
		P. O. Box 960552		
			Address	<del></del>
		Inwood, NY 110552		
			City/State and Zip Code	
		centralflcpa@gmail.com	16.0	<del>_</del>
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	li:	
Vij	jaiantie Jadnauth		at ()	
<u> </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$2	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

Shivmal Investments LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
2	and assigned
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, enteregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	3888.7.1 3.1
New Registered Office Address:  Enter Florida street address	ANII
City , Florida	Zip <b>G</b> ode

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>	Address	Type of Action
MGR	GYANESHWAR JADNAUTH	P O Box 960552	
		Inwood, NY 11052	Remove
MGR	CENTRAL FLORIDA CPA PLLC	P O Box 960552	
		Inwood, NY 11052	Remove
		<u></u>	☐ Change
			Add
			Remove
			Change
			☐ Add
			SSM - CHange
			Remove
			Change
			☐ Remove
			☐ Change

		<u> </u>	
		<del></del>	
			7
			TAS:
			Marie de la companya
<del></del>			ONE TO
			300
ite: If the date inserted in this block	late of filing:  be specific and cannot be prior to date of  ck does not meet the applicable statu  nartment of State's records.	itory filing requirements, this	filling.) Pursuant to 605.020
record specifies a delayed The 90th day after the reco	effective date, but not an eff rd is filed.	ective time, at 12:01 a	.m. on the earlier
ted	. 2017		

Page 3 of 3

Filing Fee: \$25.00