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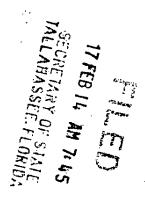
(Re	equestor's Name)	· · ·
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## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SHIVSWAI SUBJECT:	MI, LLC		
SUBJECT:	Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MRUDULABEN GOSWA	Mí	
		Name of Person	
		Firm/Company	
	317 S ROSCOE BLVD		
		Address	
	PONTE VEDRA BEACH,	FL 32082	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
DIANA BAIROS - WIL	SON'S TAX SERVICE INC	904 317-4784	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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**

SHIVSWAMI, LLC		•
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Companional Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for the Articles of Organization of of Orga	by were filed on $\frac{01/06}{}$	5/2017 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	¥
MRUDULABEN GOSWAMI, LLC		
he new name must be distinguishable and contain the words "Limited Lia"	bility Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
		<u> </u>
		€n B m
Enter new mailing address, if applicable:		Co > _ come
Mailing address MAY BE A POST OFFICE BOX)		
		22
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	4•	

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

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	"

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
			Add
			Remove
			Add
			Remove
			Change
	<u></u>		Add
			Remove
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			Remove
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Af amending any other information, enter change(s) here	:: (Attach additi	onal sheets, if nee	vessary.)	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior)	to date of filing or r	opt (opt	ional) -r filme t Pursonat te	5 605 D20
Note: If the date inserted in this block does not meet the application	able statutory filir	ng requirements, th	is date will not be	listed a
document's effective date on the Department of State's records.				
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the record specifies a delayed effective date, but not  ) The 90th day after the record is filed.	r an enective	ume, at 12:01	a.m. on the e	arner (
Dated FEBRUARY 8 2017				
Mrudulaben Gpswami	dotloop verified 02/08/17 11 SBAM EST DDSZ-PTBN-CINB FSSD			
Signature of a member or author	rized representative	e of a member		

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Filing Fee: \$25.00