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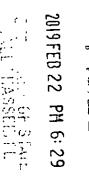
(F	Requestor's Name)			
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PICK-UP	WAIT MAIL			
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Certified Copies	Certificates of Status			
Special Instructions t	o Filing Officer:			

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C. GOLDEN FEB 27 2019

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	Shala Investment Properties, LL Name of Limited Liability Company
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Amer Shahla, md Name of Person
	Shala Investment Projection LLC Firm Company
	141 Brach Blvd. Address
	Jacksonville Beach, Fl. 32250
	Jacksonville Blach, Fl. 32250  City/State and Zip Code  Mbell @ dishahla.(om)  E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	MARY Bell at (904) 249-3820 ext.   Daytime Telephone Number
Frelos	ed is a check for the following amount:
D \$2	5.00 Filing Fee S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certificate 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

Or		
Shala ted Liability Company as it now app	Investmenters on our records.)	+ Properties, Ll
(A Florida Limited Liability Compan	y) -	
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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.

X
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 Address Type of Action **Title** Name | □ Add □ Remove \_□ Change □ Add ☐ Remove \_ Change \_D Add \_□ Remove \_ Change \_ Add \_\_ 🗆 Remove ☐ Remove \_\_ 🗆 Change □ Add

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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 18 . 2019  Signature of a member or authorized representative of a member
	Amer Shalla M.D.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00