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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Se Division of Corp			
VAJRA PR	OPERTIES LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Suresh Kapai		
		Name of Person	
,	Vajra Properties LLC		
		Firm/Company	
	13561 SW 77th Ct		
		Address	
	Pinecrest, FL 33156		
	amsuamba@gmail.com	City/State and Zip Code	
	- -	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Suresh Kapai		305 776 0540	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

(Name of the Limit	ted Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on June 09, 2017 Florida document number L17000127105			7 and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	13561 SW 77th Ct	
(Principal office address MUST BE A STREE	T ADDRESS)	Pinecrest, FL 33156	3 × × × × × × × × × × × × × × × × × × ×
			AUG
Enter new mailing address, if applicable:		Same as above	I ARY OF CORPO
(Mailing address MAY BE A POST OFFICE BOX)			
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			cords, <u>enter the name of the nev</u>
New Registered Office Address:	13561 SW 77th	ı Cı	
New Registered Office Address:		Enter Florida street a	uddress
	Pinecrest		, Florida 33156
		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.

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>	<u>Address</u>	Type of Action
MGR	Kapai, Suresh	13561 SW 77th Ct	■ Add
		Pinecrest, FL 33156	🖸 Remove
			
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<u>te:</u> If th	he date inserted in	an the date of fili late must be specific a this block does not the Department of	t meet the applica	o date of filing or mo ble statutory filing	(optional re than 90 days after fili requirements, this da	al) ng.) Pursuant to 605. ate will not be liste	.020. ed a
he 90	ith day after th	e record is filed	i.		me, at 12:01 a.n	n. on the earlie	er (
ed	08-01	1-2018 Sign: 1045	→	— ·			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee