11800033119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

S. WARREN MAR 2 2 2018

COVER LETTER

TO:	Registration, Se Division of Cor	ection _; porations		
oub.		INVESTMENT LLC		
Name of Limited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		LALIT KALRA		
			Name of Person	
			Firm/Company	
		16215 MUIRFIELD DR		
			Address	
		ODESSA, FL 33556		
			City/State and Zip Code	
		DRLALITKALRA@GMA	IL.COM to be used for future annual report notific	ovicion)
For fu	rther information c	oncerning this matter, please of		sation)
LALI	T KALRA		727 348-9073	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
S \$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

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears or la Limited Liability Company)	a our records.)	
The Articles of Organization for this Limited Liability Organization for this	Company were filed on 02/06/	<u>′2018</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:	6	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		ir records, <u>enter tl</u>	he name of the ne
New Registered Office Address:			
	Enter Florida	street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere			Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	t and agree to act in this cap complete performance of my agent as provided for in Cha red office address, I hereby c	oduties, and I am fai pter 605, F.S. Or, if confirm that the limi	miliar with and fthis document is led liability
	If Changing Registered Agent.	, Signature of New Rugi	

Page 1 of 3

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
MBR	LALIT KALRA	16215 MUIRFIELD DR	■ Add
		ODESSA, FL 33556	Remove
			□ Change
MBR	SEEMA ВАЈАЈ	16215 MUIRFIELD DR	
		ODESSA. FL 33556	□ Remove
	·		Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			2018 Change TALLAHASSEE, FLORIDA Change

_		
		
ote: If	e date, if other than the date of filing:	optional) s after filing.) Pursuant to 605.020 s, this date will not be listed a
	rd specifies a delayed effective date, but not an effective time, at 12: Oth day after the record is filed.	01 a.m. on the earlier o
ited	3/13/2018 halikkeh	. ¥
	Labiken	7AEC 2018
	Signature of a member or authorized representative of a member	HAR 2
	LALIT KALRA Typed or printed name of signee	SEX.
	15 ped of printed name of signee	AM III
	Page 3 of 3	골길 그

Filing Fee: \$25.00