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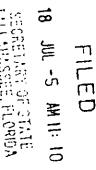
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Taj Investment Group, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ka-thleen Rimail Name of Person
Firm/Company
701N US Huy 1
Teaperta, Fl. 33469 City/State and Zip Code
Krimaya lunier chealing centers. com E-ndil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rathleen Rimay at (561) 529-8059 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{Cadditional copy is enclosed}\$\$ 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

	Liability Company Florida Limited Lia	as it now appears on ou	r records.)	
The Articles of Organization for this Limited Liab		ere filed on 31 to	118	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	y company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designati	on "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office <u>address MUST BE A STREET</u>	<u>ADDRESS)</u> .			
Enter new mailing address, if applicable:			;	THE D
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u> .			11: 10 11: 10
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	Rohit	Dandija	- .	
New Registered Office Address:	731 N	Enter Florida str	et address	
	Teque	sta	Florida	33469 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>	Address	Type of Action
MGR_	faul R. Sandhy	731 N US HUY 1	
		Teguesta, FL 33469	Remove
			☐ Change
<u>MGR</u>	Robit Oandiga_	731N US Huy 1	 Add
		Teguesta, FT 33469	Remove
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Effective date If an effective da	e, if other than the date must l	ate of fuing: we specific and cannot	ot be prior to date of fi	ling or more than 90 days	optional) after filing.) Pursuant to 605.020
Note: If the da	ate inserted in this bloc fective date on the Dep	k does not meet th	he applicable statut	ory filing requirements	s, this date will not be listed a
document ser	icenve date on the 12c	artificite (7) (State 3)	records.		
he record so	secifies a delayed	effective date	but not an effe	ctive time lat 12:	01 a.m. on the earlier
The 90th	day after the reco	rd is filed.	bac not an and	, 0, 22.	
Dated	ا ا		18		
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Page 3 of 3

Filing Fee: \$25.00