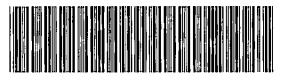
## L180000 85959

(F	Requestor's Name)	
(A	ddress)	
(4	(ddress)	
(0	City/State/Zip/Phone #)	<u> </u>
☐ PICK-UP	☐ WAIT	☐ MAIL
(E	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		6/3/21

Office Use Only



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21 AFR 15 PH12: 27

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: SHIVA VI	Name of Limited Liability Company
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
\$0	VBRAMANIAM PALANISAMY Name of Person
	HIVA VISHNU INVESTMENT CLUB Firm/Company
	HOT MALIARD ROAD Address
	WESTON FL 33327 City/State and Zip Code
	PALANIE SNU (D) TAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
SUBRAMANIAM PA	LANISAMY at (412) 629 6030  Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SHIVA VISHNU	INVESTMENT CLUB LLC21 APR 15 PM 12: 27
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on APRIL 4, 2018 and assigned 3959
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi	istered office address on our records, <u>enter the name of the new registered</u> nere:
Name of New Registered Agent:	ARUNACHALAM PALANIAPPA
New Registered Office Address:	48-45 KENSINGTON CIRCLE  Enter Florida street address
-	CORAL SPRING, Florida 33076  City Zip Code
New Registered Agent's Signature, if changing Reg	vistered 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: HAIRING TO SEE THE SEE THE

MGR =	Manager	
AMBR =	Authorized	Member

- DM 12: 27

<u>Title</u>	<u>Name</u>	Address 21 APR 15 PR 12. 21	Type of Action
	<del></del>		□Add
			□ Remove
			□Change
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). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary)
	21 APR 15 PH 12: 27
	ZIAMO
-	
<del></del>	
(If an effecti Note:   If t	date, if other than the date of filing:
ne record spord is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8 April , 2021.
	Signature of a member or authorized representative of a member
	SURRAMANIAM PALANISAMY Typed or printed name of signce

Filing Fee: \$25.00