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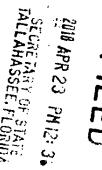
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COVER LETTER

TO: Registration Se Division of Cor			
SHIVANA SUBJECT:	ND L.L.C)
bebaler.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PATEL, MAYUR		
		Name of Person	71
		Firm/Company	
	4636 W IRLO BRONSO	N MEMORIAL HWY	
	2-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Address	
	KISSIMMEE FL 34746		
	MM_PATEL15@YAHOO	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
MAYUR PATEL		551 580-5900	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	Ci \$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

SHIVANAND LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	oility Company were filed on APRIL 12, 2018	and assigned
Florida document number L18000092501		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office address on our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered orn	ce address nere:	EC A
Name of New Peristand Acous		APR T
Name of New Registered Agent:		SS 23
New Registered Office Address:	Enter Florida street address	TO BE IN
	Emer r iorida street daaress	
	, Florida _	5- w

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	PATEL, HASMUKHBHAI	4636 W IRLO BRONSON MEM(
		KISSIMMEE, FL 34746	■ Remove
			Change
MGR	PATEL, NIMISHABEN	4636 W IRLO BRONSON MEMO	≅ Add
	KISSIMMEE, FL 34746	□ Remove	
			Change
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
		☐ Remove	
			Change
			□ Remove
			☐ Change

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Effective date, if other than t If an effective date is listed, the date r	ne date of filing: nust be specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing	requirements, this date will not be listed as
ne record specifies a delay The 90th day after the r	ed effective date, but not an effective ti ecord is filed.	me, at 12:01 a.m. on the earlier of
APRIL 18 Dated	2018	
Dated		
بر برکمان		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00