# 118000147814

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DIVISION OF CORORATIONS

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# **COVER LETTER**

TO;	Registration Se Division of Cor					
SUBJEC	KAVISH INVESTMENTS LLC					
.5015.71.		Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		GAJERA, JASMINKUMA	AR			
			Name of Person			
			Firm/Company			
11816 COLLINS		11816 COLLINS CREEK	CDR			
			Address			
		JACKSONVILLE, FL 32258				
		KAVISHINVESTMENTSL	City/State and Zip Code LC@GMAIL.COM			
		E-mail address: ()	to be used for future annual report notific	cation)		
For furth	ner information c	oncerning this matter, please ca	all:			
GAJER	A, JASMINKUN	MAR	904 9552965 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	I is a check for th	ne following amount:				
\$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)		
		ING ADDRESS: ration Section	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### KAVISH INVESTMENTS LLC

This amendment is submitted to amend the following:

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/15/2018  Florida document number L18000147814	and assigned

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<b>ಹ</b> 🚉 👝
	25
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street aa	ldress
		. Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BUTANI, SHWETA	11816 COLLINS CREEK DR	
		JACKSONVILLE, FL 32258	Remove
			□ Change
MGR	GAJERA, JASMINKUMAR	11816 COLLINS CREEK DR	Add
		JACKSONVILLE, FL 32258	□ Remove
			☐ Change
			□ Add
			☐ Remove
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Note: If the date inserted in thi	he date of filing:  must be specific and cannot be prior to date of filing or more than 9 block does not meet the applicable statutory filing require Department of State's records.	(optional) 00 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as
If the record specifies a dela (b) The 90th day after the	ved effective date, but not an effective time, at ecord is filed.	t 12:01 a.m. on the earlier of
06/21 Dated	2018	
izaica		
	Signature of a member or authorized representative of a mem	·

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Filing Fee: \$25.00