## 118000148557

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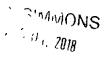
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## **COVER LETTER**

	ion Section If Corporations
	SHAW VENTURES LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	les of Amendment and fee(s) are submitted for filing.
Please return all o	rrespondence concerning this matter to the following:
	PRAVIN MASCARENHAS
	Name of Person
	RICKSHAW VENTURES LLC
	Firm/Company
	250 PALM AVE
	Address
	MIAMI BEACH FL 33139
	City/State and Zip Code
	SL@LALANIDEVELOPERS.COM
	E-mail address: (to be used for future annual report notification)
For further inforr	tion concerning this matter, please call:
PRAVIN MASC	· · · · · · · · · · · · · · · · · · ·
	at (
Enclosed is a che	for the following amount:
■ \$25.00 Filing	ee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

RICKSHAW VENTURES LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on June 15th 2018 and assigne
Florida document number L18000148557	<del></del> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
	7.66 <b>8</b>
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the abbreviation "L.L."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADD	(RESS)
Enter new mailing address, if applicable:	16 16
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of t</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PRAVIN MASCARENHAS	211 SW PALM DR, APT 303	
		PORT ST LUCIE, FL 34986	Remove
			☐ Change
AMBR	PALI HILL LLC	8036 PLANTATION LAKES DR	Add
		PORT ST. LUCIE FL 34986	Remove
			Change
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		<del></del>	☐ Remove
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f an effect: <b>Note:</b> If	tive date is listed, the the date inserted	than the date one date must be specification this block does on the Department	ific and cannot be not meet the	applicable st	of filing or mo atutory filing	re than 90 days	optional) after filing.) . this date v	Pursuant to 60 will not be lis	05.0207 ( sted as t
		delayed effect the record is		ut not an	effective ti	me, at 12:0	)1 a.m. (	on the earl	ier of:
JU Dated	JLY 24TH		2018						
- <del></del>		M	<del></del>	·					
	<u></u>	Signatu	re of a member of	or authorized	representative of	of a member			
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Page 3 of 3

Filing Fee: \$25.00