

# L20000394540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

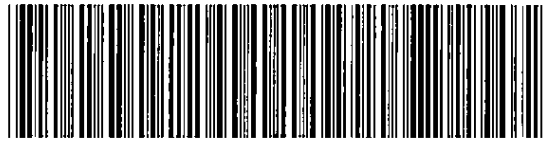
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLI, SEE, FL

2023 MAR -2 PM 1:03

### FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZIVA INVESTMENTS 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:

Parwinder Cheema

Name of Person

ZIVA INVESTMENTS LLC

Firm Company

6245 NW SAYERS AVE

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

Arsh.C08@gmail.com

Zivabeauty1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parwinder Cheema

Name of Person

at ( 772 )

Area Code

340 6279

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CLERK OF STATE  
TALLAHASSEE, FL

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

**ZIVA INVESTMENTS LLC**

(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 12/17/2020 and assigned  
Florida document number L20000394540.

This amendment is submitted to amend the following:

**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 designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

X		

**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:

Parwinder Cheema

New Registered Office Address:

6245 Nw sayers ave

*Enter Florida street address*

Port Saint Lucie

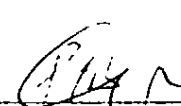
Florida

*City*

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2023 MAR -2 PM 3:49  
STATE OF FLORIDA  
Zip 34983

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sunita Rani Dhawan	8235 NW 8th St	<input checked="" type="checkbox"/> Add
		Plantation Fl 33324 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amarjeet Kaur	2134 Se Bowie St	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL 34952 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ziva Holdings LLC	6245 NW SAYERS AVE	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34983 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Arshdeep Cheema	6245 NW SAYERS AVE	<input type="checkbox"/> Add
		PORT SAINT LUCIE 34983 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023 MAR -21 PM 1:03  
STATE OF FLORIDA  
CLERK OF THE COURT

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Parwinder Cheema

Typed or printed name of signee

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2023 MAR -2 PM 1:03  
ST. LOUIS, MO  
U.S. DEPT. OF JUSTICE  
FBI - ST. LOUIS