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| (Re | questor's Name) | | |
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| (Add | dress) | | |
| · (Add | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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OPDEC 31 MID: 41 OPDEC 31 MID: 42
DIVISION DE COMPONION FALLIANASSEE, FLORID

C. LEWIS
DEC 3 1 2009
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT://- 200/ LLC | |
| SUBJECT: //- 200/ L/C 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: | |
| | |
| Sam Karran | |
| Sam Kazran Name of Person | |
| | |
| 11-2001 LLC Firm/Company | |
| | |
| 3333 Nomain Street | |
| Address | |
| Jax F1 32206 | |
| City/State and Zip Code | |
| | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| 01 | |
| Name of Person at (904) 219-7779 Area Code & Daytime Télephone Number | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, | |
| Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

09 DEC 31 AM 10: 42

| 11- 2001 LLC (Name of the Limited Li | ability Company as it now appears on our reco orida Limited Liability Company) | SEGRETARY OF SWATE MAR<mark>LEAHASS</mark> BE, FLORIBA |
|--|---|--|
| | • | |
| The Articles of Organization for this Limited Liabs | - · · | and assigned |
| . Torrida document hamber | /o · | |
| 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 end with th | ac words "Limited Liability Company," the desig | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicabl | le: | |
| (Principal office address MUST BE A STREET A | 1DDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>X)</u> | |
| | | |
| B. If amending the registered agent and/or a registered agent and/or the new registered office | registered office address on our records, | enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | root address |
| | | |
| - | , Flor | zip Code |
| New Registered Agent's Signature, if changing Regi | stered Agent: | |

N

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> <u>Name</u> **Address** macm ☐ Add Remove Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ______ ignature of a member or authorized representative of a member Sam KGZRAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00