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COVER LETTER

TO:	Registration Section Division of Corpor		entre de la propertie de la	
SUBJI	ест: <u>540</u>	Bayshore Ut Name of Limite	mHP, LLC ed Liability Company	
The en	closed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please	return all corresponde	ence concerning this matter t	to the following:	
	-	Sanjay	Puy anik Name of Person	
		Fipty Fi	Pty LLC Firm/Company	
	-	5401 Bays	none Blud, # &	. <u> </u>
		Tampa, K	L 33 611 City/State and Zip Code	
	-		nike gmanl-com o be used for fiture annual report notificat	ion)
For fu	rther information conc	erning this matter, please ca	all:	
<u></u>	Sayay Phy Name of Pe	rson	at (813) 785 555 Area Code & Daytime Te	5 3 elephone Number
Enclos	sed is a check for the f	ollowing amount:		
\$22	5.00 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:

1

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

5401 BAYSHORE UN		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on January 7, 2013 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited liab	pility company here:	
KINARAZ, LLC The new name must be distinguishable and end with the words "Limi		
The new name must be distinguishable and end with the words "Limi L.L.C."		ition
Enter new principal offices address, if applicable:	5401 Bayshore Blue # 18	
Principal office address MUST BE A STREET ADDRESS)	Tampa PL 33GII = 7	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_
Enter new mailing address, if applicable:	5401 Bayshore Bluds # @	
Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33611 5	_
		_
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>new</u>
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Florida City Zip Code	_
	Zip conc	

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 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

or Managing Member being added or removed from our records: amendmends here NO MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> Remove Remove Remove Add Remove Remove Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	12 *
Dated Jan	20, 2013/
	Duen
•	Signature of a member or authorized representative of a member
	Sayay Puvani C Typed or printed name of signee
	U Typed of printed name of signee
	Page 3 of 3

Filing Fee: \$25.00