L150300 68130

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration o	tion Section of Corporations	
SUBJEC		Y KABIR LLC	
O D o E c		Name of Limited Liability Company	
		cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:	
		ANDREW TRUMBACH	
		Name of Person	
		M/Y KABIR LLC	ش ر
		Firm/Company	<u> </u>
		2851 NW 107TH AVENUE	
		Address	······································
		DORAL, FLORIDA 33172	; (1
		City/State and Zip Code TRUMBACH@AJUNI.NET	<u> </u>
		E-mail address: (to be used for future annual report notificat	tion)
For furth	er informat	ation concerning this matter, please call:	
ANDRE	W TRUME	BACH 954 931-9244	
	N		elephone Number
Enclosed	is a check	k for the following amount:	
□ \$ 25.0	00 Filing Fo	Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

M/Y KABI	-	
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000068130	were filed on 04/16/2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
M/Y MISS ALEXIA LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	2851 NW 107TH AVENUE	
Principal office address MUST BE A STREET ADDRESS)	DORAL, FLORIDA 33172	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1.5
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the-name of the
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street address	
	City	Zin 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>	<u>Name</u>	Address	Type of Action
MGR	ANDREW TRUMBACH	2851 NW 107TH AVE, DORAL FI	
			Remove
			Change
MGR	RAVNEET CHOWDHURY	2851 NW 107TH AVE, DORAL FI	
			■ Remove
			Change
			🗆 Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			□ Change

	
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fective data if other than the date of filing.	(antional)
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil	ling or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
44 22 2018	
ated	
Signature of a member or repres	contative of a member

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Typed or printed name of signee

Filing Fee: \$25.00