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J. SAULSBERRY EXAMINER

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COVER LETTER

то:	Registration S Division of Co			
SUBJE				
50001			KFAR, L.L.C. ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Jack Ayoub Name of Person	
			Firm/Company	<u> </u>
	19000 Gulf Boulevard			
			Address	20 1 Sa
	Indian Shores, FL 33785 City/State and Zip Code			
		a	youbli4120@aol.com to be used for future annual report notification)	T IL. 2018 DEC 27 SCORETMEN ALLAHASSE
For furt	her information	E-mail address: (concerning this matter, please		THLE S DEC 27 PM 3: METWRY OF STATA WHASSEE, FLOR
		Jack Ayoub	at (727) 644-0678 Area Code & Daytime Telephone N	<u> </u>
	Name	of retson	Area Code & Daytime Telephone N	uniter
Enclose	ed is a check for	the following amount:		
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAC	KFAR, L.L.C.				
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears	s on our records.)			
(A Florida I	Annieu Liabinty Company)				
The Articles of Organization for this Limited Liability C	ompany were filed on	04/05/2001	and assigned		
Florida document numberL0100005295	_,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here	:			
	, , , , , , , , , , , , , , , , , , , ,	-·			
The new name must be distinguishable and end with the wor	ds "Limited Liability Compa	ny " the designation	"LLC" or the abbreviation		
"L.L.C."	ds Ellinted Elabinity Compar	ty, the designation	:		
			72 <u>9</u>		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	(ESS)	-	AND BY		
			多計 2		
			me - m		
Enter new mailing address, if applicable:			T. C.		
• • • •			70.P		
(Mailing address MAY BE A POST OFFICE BOX)		***	<u> </u>		
			 		
B. If amending the registered agent and/or regist		ur records, <u>enter</u>	the name of the new		
registered agent and/or the new registered office add	ress here:				
Name of New Registered Agent:					
Non-Business Office Address					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
	Enter Provide Sweet dadress				
	<u>.</u>	, Florida _			
	City		7in 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 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 **Title** <u>Name</u> **Address Type of Action MGRM** WALID MADDAH 3543 SHORELINE CIR ☐ Add PALM HARBOR FL 34684 ✓ Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 22 2010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00