

L05000081264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

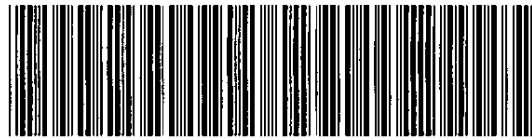
(Business Entity Name)

(Document Number)

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08/13/09--01009--012 **25.00

FILED
09 AUG 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 17 2009

EXAMINER

Kassco, LLC
15320 Azra Drive
Odessa, FL 33556

August 11, 2009

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

FILED
09 AUG 13 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

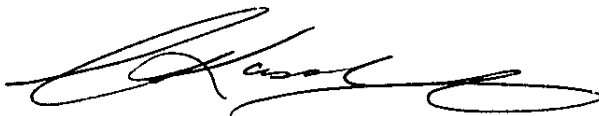
Please find enclosed the completed form to amend the Articles of Organization of a Florida Limited Liability Company along with the \$25.00 filing fee. The form has been submitted to change the principal and mailing address for Kassco, LLC.

If you have any questions, please contact me at (813) 817-9343.

Any mail correspondence can be sent to:

Kassco, LLC
15320 Azra Drive
Odessa, FL 33556

Sincerely,



Alykhan Kassam
Managing Member
Kassco, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KASSCO, 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:

ALYKHAN KASSAM

Name of Person

KASSCO, LLC

Firm/Company

15320 AZRA DRIVE

Address

ODESSA, FL 33556

City/State and Zip Code

akassam2@hotmail.com

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

For further information concerning this matter, please call:

ALYKHAN KASSAM

Name of Person

at (813)

817-9343

Area Code & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
09 AUG 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KASSCO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 AUG 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/17/2005 and assigned
Florida document number L05000081264.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15320 AZRA DRIVE

(Principal office address MUST BE A STREET ADDRESS)

ODESSA, FL 33556

Enter new mailing address, if applicable:

15320 AZRA DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

ODESSA, FL 33556

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:

New Registered Office Address:

15320 AZRA DRIVE

Enter Florida street address

ODESSA

Florida

33556

City

Zip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 11, 2009.



Signature of a member or authorized representative of a member

ALYKHAN KASSAM

Typed or printed name of signee