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(Requestor's Name)			
(Ad	ldress)		
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(Au	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB - 3 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
subject: <u>Ro</u>		ted Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CHAYDAR	VASILEV (Name of Person)	
	ROYAL B.		
	2506 H	ARDING STREET (Address)	
	Hollywood	, ,	
For further information	concerning this matter, please ca	all:	
CHAVDAR (Name	e of Person)	at (954) 309 1261 (Area Code & Daytime T	elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOYAL B.G.	LLCo	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	y Company were filed on	1 / 2 0 0 7 and assigned
Florida document number L07000737		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
		SEC VISIO)9 F I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		N FARE
		P REP
		JRAA
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:	- 	
New Registered Office Address:		
	(Enter Flo	rida street address)
		_, Florida
	(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 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
		-	Add Remove
			Add Remove
			Add Remove
			Add Remove
 	-		Add Remove
D. If an	nending any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
	•	A MEMBER OF THE COMPANY	
			SECRETON CONTROL SECRET
Dated _	JANUARY 30 , 20	009	FILED TARY OF STATE OF CORPORATIONS -2 PH 1:51
	•	per or authorized representative of a member	ATTE ATTE
	Туре	HAYDAR VASILEV ed or printed name of signee	

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Filing Fee: \$25.00