# LD80000/2505

	(Requestor's Name)	
	(Åddress)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT ' MAIL	
	(D. ) (D. )	
	(Business Entity Name)	•
		:
	(Document Number)	; :
Certified Copies	Certificates of Status	<u>;      </u> :
	2	
Special Instruction	s to Filing Officer:	
<u>[</u>		

Office Use Only



700160870777

09/28/09--01006--007 \*\*25.00

FILED
2009 SEP 28 PM 1: 45
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

C. LEWIS

SEP 2:9 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Sect		*	
SUBJ	:	<u> </u>	C ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		EMIL	1 LOUISE KHAYAT	
			Name of Person	
		·KY,	ATT, LLC	<u> </u>
			Firm/Company	
	•	37	MARVIN ROAD	
			Address	
		OR	MUND BEACH, F	-L 32(76
			City/State and Zip Code	
	•	E-mail address: (to	be used for future annual report notificat	/ EMILY_KHAYAT Q HOTH ALL. CON
For fu	ther information cor	ncerning this matter, please ca		HOW PAIL. CON
· E	BMILY K	HHYAT	at (386) 366-419	59
	Name of I	Person	at (386) 366-419 Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	following amount:		•
<b>[</b> ▼\$25	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: 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

FILED

KYATT, LLC		2009 SEP 28	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records) IAR	OF STATE E.FLORIDA
The Articles of Organization for this Limited Liability Companies Florida document number <u>L080000</u> 12505		. 4	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
N (*			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company,	the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N	1*	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the	name of the new
Name of New Registered Agent:	NIA		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Para 1		- <del>U.d.</del>
	Enter	Florida street addre	55
	- C'r	, Florida	Zip Code
	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M <u>6RM</u>	EMILY LOUISE KHAYAT	37 M TRUIN ROAD OFRIOND BEACH, FC 32176	Add Remove
·	<u> </u>		Add Remove
		•	Add Remove
			Add Remove
<del></del>			Add Remove
	<del> </del>		Add Remove
D. If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessar	y.) 
			2009 SEP 2
Dated 0	24 September 200	<u>∞</u> .	LED 28 PH 1: 45 PARY OF STATE
	AMAR DEAN	or authorized representative of a member  CHAIF( or printed name of signee	v

Page 2 of 2

Filing Fee: \$25.00