L0800000469

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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR - 6 2009

EXAMINER

COVER LETTER

SUBJECT: KHAZA,						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	dence concerning this matter	to the following:				
	Horace N. Moore, Sr.					
	(Name of Person)					
	Law office of Horace N. Moore, Sr.					
		(Firm/Company)				
	235 S. Main Street, Ste.	101 (Address)				
	Gainesville, Fl 32601	(City/State and Zip Code)				
(City/State and Zip Code)						
For further information cor	ncerning this matter, please ca	all:				
Horace N. Moore, Sr.		at (352) 371-2300				
(Name of Person) (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:

E

TO:

Registration Section Division of Corporations

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**

KHAZA, LLC					
(<u>Name of the Limited L</u> (A F	lorida Limited L	ny as it now appears on our Liability Company)	· records.)		
The Articles of Organization for this Limited Lia Florida document number L08000060469	bility Company	were filed on 06/19/2008		and assign	ied
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation "LLC	" or the abb	reviation
Enter new principal offices address, if applicable:		101 SE 2nd Place, Ste.	114		
(Principal office address MUST BE A STREET ADDRESS)		Gainesville, Fl 32601		09	- <u>88</u> - <u>88</u>
Enter new mailing address, if applicable:		101 SE 2nd Place, Ste.	114	MAR -5 A	FILEC CRETARY O ION OF COR
(Mailing address MAY BE A POST OFFICE BOX)		Gainesville, Fl 32601		I	Y OF STAT
				10	ATENS
B. If amending the registered agent and/or registered agent and/or the new registered offi	•		ords, <u>enter the</u>	name of t	he new
Name of New Registered Agent:	Horace N. Mo	ore, Sr.			
New Registered Office Address:	New Registered Office Address: 235 S. Main Street, Ste. 101 (Enter Florida street address)				
	Gainesville,	,		·	
	Gairlesvine,	(City)	_, Florida <u>32601</u>	(Zip Code)	
New Desistand Agent's Signature if shanging De	gistared Agents				

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 hiability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

7000 F

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>	Address	Type of Action
MGR	PHILIP FEWSTER	1025 ROSEANNE AVENUE GLEN BURNIE, MD 21060	Add Remove
MGRM	MOHAMMED RASHID	4000 NW 51st STREET, APT, J-177 GAINESVILLE, FL 32606	Add Remove
MGRM	SAYMA RASHID	4000 NW 51st STREET, APT. J-177 GAINESVILLE, FL 32606	□☐ Add □☐ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAR -5 AH
Dated <u>No</u>	namber 3rd	2008 . ember or authorized representative of a member	
		yped or printed name of signee	

Typod or printed name or c

Page 2 of 2

Filing Fee: \$25.00