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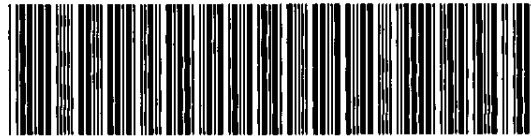
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TALLAHASSEE, FLORIDA

T. CLINE

FEB 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2009

MICHAEL SARABJIT
269 N UNIVERSITY DRIVE, SUITE I
PEMBROKE PINES, FL 33024

SUBJECT: KAZHAR ENTERPRISES, LLC.
Ref. Number: L08000105154

We have received your document for KAZHAR ENTERPRISES, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 909A00004338

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAZHAR ENTERPRISES, 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:

MICHAEL S. SARABJIT

(Name of Person)

MIKE'S TAX & ACCOUNTING, INC.

(Firm/Company)

269 N UNIVERSITY DRIVE, SUITE I

(Address)

PEMBROKE PINES, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL S. SARABJIT

(Name of Person)

at (954) 893-1399

(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

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TALLAHASSEE, FLORIDA

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

KAZHAR ENTERPRISES, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 11/12/2008 and assigned
Florida document number L08000105154.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

(Enter Florida 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 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>
MGRM	MOHAMED F. RAMDJAN	113 GOPAUL CIRCULAR DRIVE	<input checked="" type="checkbox"/> Add
		UNION PARK EAST, MARABELLA	<input type="checkbox"/> Remove
		TRINIDAD	<input type="checkbox"/>
MGRM	SHARIEFAR RAMDJAN	113 GOPAUL CIRCULAR DRIVE	<input checked="" type="checkbox"/> Add
		UNION PARK EAST, MARABELLA	<input type="checkbox"/> Remove
		TRINIDAD	<input type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated JANUARY 08, 2009


 Signature of a member or authorized representative of a member
FARYAL ALI
 Typed or printed name of signee