## 40000114

(Re	equestor's Name)	
(Address)		
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D. BRUCE

SEP 1 2 2011

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJ	ECT:	KA	NTJLLC				
1		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Steve Polisar		_		
			Name of Person				
		Lav	v Office of Steve Polisar				
		•	Firm/Company	,	-		
	407 Lincoln Road, Suite 2A						
			Address		AL SE		
		Mia	mi Beach, Florida 33139		CRE	SEI	به ۱۳ سرون ا
			City/State and Zip Code		TAR' ASS	9-9	*******
		ste	evepolisar@gmail.com to be used for future annual report notifi		SEE.	PH	'n
For fu	rther information	E-mail address: ( concerning this matter, please of		cation)	FLOR	က် ကို	U
		, , , , , , , , , , , , , , , , , , ,			à T	<del>ශ</del>	
	_ <del></del>	Steve Polisar	at \	672-7772			
	Name	of Person	Area Code & Daytimo	: Telephone Numbe	er		
Enclos	ed is a check for	the following amount:					
<b>₹</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat		osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations 30x 6327	STREET/COURH Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KAN TJ LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	02/05/2009	and assigned
Florida document number L0900001	11995		
Γhis amendment is submitted to amend the fol	flowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w 'L.L.C."	rith the words "Limited Liability Comp	any," the designation "LI	_C" or the abbreviation
Enter new principal offices address, if appli	cable:		برد <u>:</u> *
Principal office address MUST BE A STRE	ET ADDRESS)	HA A	m T
		NSS.	
		, ,	mi ⊞ 1
Enter new mailing address, if applicable:		<u> </u>	The same of the sa
(Mailing address MAY BE A POST OFFICE BOX)		<u>5</u> ï	नः 🐱
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	Khatri, Kantilal		
New Registered Office Address:			
	Er	nter Florida street addro	ess
	Boynton Beach	, Florida	33426
	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, whereby 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>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			☐ Damovo
		•	
			□ Domovo
			D-manus
D. If amei	nding any other informat	ion, enter change(s) here: (Attach additional she	eets, if necessary.)
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	<del>-</del>		FIL II SEP -9 LLAHASSE
			9 F
_			STATE CORIDA
Dated	SEPT 6	, 2011.	OF. G
		Win Lin	
	Sign	nature of a member or authorized representative of a m	ember
		KANTILAL KHATRI	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00