

209000030168

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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JUN 28 2010  
**EXAMINER**

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2010 JUN 25 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: ☒ Registration Section  
Division of Corporations

SUBJECT: KSLA 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:

LILYAN M MACHUCA

Name of Person

KSLA, LLC

Firm/Company

7315 WINTER GARDEN VINELAND RD. # 101

Address

WINDERMERE, FL 34786

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LILYAN M. MACHUCA

Name of Person

at ( 407 )

738-7463

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

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

**KSLA, 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 MARCH 27, 2010 and assigned  
Florida document number L09000030168.

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

7315 WINTER GARDEN VINELAND RD  
WINDERMERE, FL 34786

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

LILYAN M. MACHUCA

New Registered Office Address:

6673 DUNCASTER ST.

*Enter Florida street address*

WINDERMERE

Florida

34786

*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.*

*[Signature]*  
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	AYMAN ABUMMAYALEH	6919 DALEMAN ST. WINDERMERE FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LILYAN M MACHUCA	6673 DUNCASTER ST. WINDERMERE FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LILYAN M. MACHUCA	6673 DUNCASTER ST. WINDERMERE FL 34786	<input checked="" 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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STATE  
CLERK  
TALLAHASSEE, FLORIDA

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

ARTICLE III - ANY AND ALL LAWFULL BUSINESS

LILYAN M. MACHUCA 99.752% INTEREST OWNERSHIP PARTICIPATION

AYMAN H. ABUMAYYALEH 0.248% INTEREST OWNERSHIP PARTICIPATION

Dated JUNE 24, 2010

Signature of a member or authorized representative of a member

LILYAN M MACHUCA

Typed or printed name of signee