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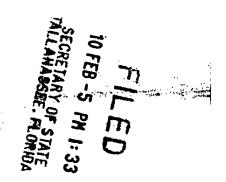
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J. BRYAN

FEB - 8 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations					
CHIDII	FCT.	KR	ASIM LLC				
SUBJ	Name of Limited Liability Company				-		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			AIDA DALI				
			Name of Person		_		
			KRASIM LLC		-		
			Firm/Company		SE	ಕ	
			54 LEIDEL DR		CRE!	FEB -5	
	Address				AR)	វ៉ា	F
		PA	LM COAST, FL 32137		<u>~</u> 4	3	m_{ε}
			City/State and Zip Code		101 118	1: 33	O
		F-mail address:	NUR@CFL.RR.COM to be used for future annual report i	notification)		33	
For fu	rther information	concerning this matter, please of	·				
		AIDA DALI	at (386)	237-4940		<u></u>	
	Name	of Person	Area Code & Da	ytime Telephone Numb	ber		
Enclos	sed is a check for	the following amount:					
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifi	Filing Fe cate of S ed Copy onal cop	tatus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/CO Registration So Division of Co Clifton Buildir	rporations				
		2661 Executive Tallahassee, Fl	e Center Circle L 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SIM LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	
(•	
The Articles of Organization for this Limited Liability Compa	ny were filed on	4/14/2009	and assigned
Florida document numberL0900035926			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		2 ₀
			- CC - C C C C C C C
Enter new mailing address, if applicable:			R 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	19 3 m
		Ĝ	E 33
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the nev
registered agent and/or the new registered office address i	<u>ier e</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	tress
	- Cr.	, Florida	7: C. I.
	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 **Type of Action** <u>Address</u> **Title** <u>Name</u> MGR VASSILI CHTONDA □.Add 5 HERON DR ✓ Remove PALM COAST, FL 32137 ☐ Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) **FEBRUARY** 01 2010 Dated_ Signature of a member or authorized representative of a member Aida Dali Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00