## L 100000068371

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
_	<b>—</b> `	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Hiling Officer:	
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	A. LUN	T
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	/F € A LLC Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub	<u>-</u>		
	CERMIER S 28163 US CLEAR CNRC		Com	COMMENT OF THE PROPERTY OF THE
For further information co	ncerning this matter, please c	o be used for future annual report notifica all: at ( <u>フン) フダルーン</u> 4 Area Code & Daytime T	159	
Enclosed is a check for the	<del>-</del>	<b></b>		
∑\$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

(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 TUKE 28, 2010 and assigned Florida document number LIDODOD 68371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :		
KUFAN PROPERTIES	LLC			
The new name must be distinguishable and end with the w		mpany," the designati		
"L.L.C."			j−- j <sub>0</sub> , des 3≈√7 .	data 'van
Enter new principal offices address, if applicable:		NA		
(Principal office address MUST BE A STREET ADI	ORESS)		100 miles	ì
	<del></del>		\$ N	<u>و معتا</u> گردن دو:
		-1 la	52	
Enter new mailing address, if applicable:		NIK	· N	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
B. If amending the registered agent and/or regi	istered office address o	on our records, <u>en</u>	ter the name o	f the nev
registered agent and/or the new registered office ad				
		1		
Name of New Registered Agent:		NA		
New Registered Office Address:				
		Enter Florida street	t address	
		, Florida	a	
	City	<del>,</del>	Zin 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`= Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		Add Remove
···			Add Remove
	<u>-</u> -		Add
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	55
Dated	June 28 , 29	<u> </u>	
()	Signature of a member	er or authorized representative of a member	
	Types	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00