

L10000108524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

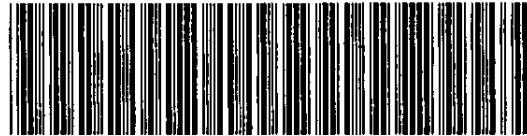
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF GOVT. SERVICES
2013 JAN 23 PM 2:47

C. LEWIS
JAN 24 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAZBAR 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:

FAIRUZ OUALIDI

Name of Person

KAZBAR LLC

Firm/Company

1575 PINE RIDGE RD SUITE 22

Address

NAPLES FL 34109

City/State and Zip Code

SPLINCOMETAX@HOTMAIL.COM

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

For further information concerning this matter, please call:

FAIRUZ OUALIDI

Name of Person

407 473-4385

at ()

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 JAN 23 PM 2:47

KAZBAR 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 10/18/2010 and assigned
Florida document number L10000108524.

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)

7642 BRISTOL CIR

NAPLES FL 34120

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: SPL INCOME TAX CORP

New Registered Office Address: 6006 RADIO RD

Enter Florida street address

NAPLES, Florida 34104

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

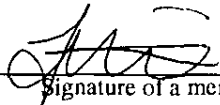
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCEL J. CHOUEIRY	2094 ARBOUR WALK CIR	<input type="checkbox"/> Add
		APT 3017, NAPLES FL	<input checked="" type="checkbox"/> Remove
		34109	
MGRM	FAIRUZ OUALIDI	7642 BRISTOL CIR	<input checked="" type="checkbox"/> Add
		NAPLES FL 34120	<input type="checkbox"/> Remove
MGRM	REDA EMAM	9175 CELESTE DR	<input checked="" type="checkbox"/> Add
		APT 305, NAPLES FL	<input type="checkbox"/> Remove
		34113	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 JAN 23 PM 2:47

Dated JANUARY, 21, 2013



Signature of a member or authorized representative of a member

FAIRUZ OUALIDI

Typed or printed name of signee

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Filing Fee: \$25.00