

L10000122613 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

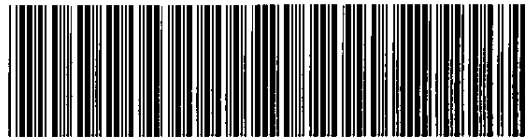
(Business Entity Name)

(Document Number)

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SECURITY STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 28 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KASA 2010
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:

RAANAN GAFRI

Name of Person

HMC LLC

Firm/Company

20283 SR 7 suite #300

Address

Boca Raton, Florida

City/State and Zip Code

sales@441realty.com

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

For further information concerning this matter, please call:

Pamela Polani

Name of Person

at (**561**)

504-4533

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

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11 SEP 26 PM 12:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

KASA 2010

(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 11/29/2010 and assigned
Florida document number L10000122613.

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)

FILED	11 SEP 26 PM 12:05	SECRETARY OF STATE
FILED		TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

MGRM • Saber Karim Salum

Mariscal Lopez 4304 ☒ Add
Asuncion PARAGUAY ☐ Remove

MGRM Denise Marianne Rapetti

Mariscal Lopez 4304 ☒ Add
Asuncion PARAGUAY ☐ Remove

MGR Karim Salum

20283 STATE RD 7 #300 ☐ Add
BOCA RATON FL 33498 ☒ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

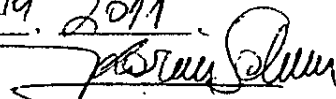
☐ Add
☐ Remove

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

Please see the attached operating agreement, changing this single-member LLC
to a multi-member LLC, with the 2 members, as a married couple, retaining their
right of survivorship of 100% of the LLC upon the demise of their respective
spouse, if applicable.

Dated

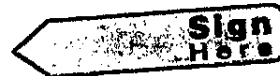
September 17th, 2011



Signature of a member or authorized representative of a member

SABER KARIM SALUM

Typed or printed name of signee



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