L11000059520

Office Use Only



600212590356

09/28/11--01009--006 **25.00

11 SEP 28 AH LE 32
SECRETARY OF STATE ALLAHASSEE, FLORIO

D. BRUCE

SEP 29 2011

EXAMINER

COVER LETTER

TÐ:	Registration Sec Division of Corp		·		
SUBJI	ECT:	KT FOOI	O STORE, L.L.C.		
0000			ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please	return all correspon	ndence concerning this matte	r to the following:		
	AZINA KANJI				
			Name of Person		
	FINANCIAL ACOUNTING SERVICE PLC Firm/Company				
	730 W COLONIAL DR			(1112)	
Address					3ELL
ORLANDO FL 32804					SEP 28 SKETAR) LAHASSI
	City/State and Zip Code FINACCTSVC@GMAIL.COM				EP 28 (ETAR) (HASSI
For fur	ther information co	ncerning this matter, please	to be used for future annual report reall:		AH D: 34 OF STATE E. FLORIDA
	AZ	INA KANJI	at (_407_)	423-2371	A A
	Name of		Area Code & Day	ytime Telephone Number	
17	ed is a check for the	following amount: \$\int\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy		ing Fee, te of Status &
			(additional copy is enclo		Copy al copy is enclosed)
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	rporations g : Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KT FOOD ST	ORE, L.L.C.			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appe: iability Company)	ars on our records.)	_	
The Articles of Organization for this Limited Liability Company	were filed on	MAY 19, 2011	and ass	igned
Florida document numberL11000059520				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	ere:		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Comp	pany," the designation "	LLC" or the	abbreviation
Enter new principal offices address, if applicable:			TLA Total	**************************************
(Principal office address MUST BE A STREET ADDRESS)			NA PA	pro remark
			333 74	1
			OF SI	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	 			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on	our records, enter	the name o	f the new
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street add	dress	
		, 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

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 Address Type of Action Title Name MGRM JAYENDRA THAKOR 5634 MOON VALLEY DRIVE LAKELAND, FL 33812 X Add Remove ☐ Add Remove ☐ Add Remove ☐ Add ∏ Remove ∏Add ∐Remove ∏Add __Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 0-1-2011 Dated K , J . Thykey Signature of a member or authorized representative of a member KRISHNA THAKOR Typed or printed name of signee Page 2 of 2