# L11000065878

(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phon	e #)			
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(Document Number)					
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SECRETARY OF STATE
TALLAHASSEF, FIRE

D. BRUCE 0CT 3 1 2012

**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2012

ALEX NOKHODCHI P.O. BOX 560558 ORLANDO, FL 32856

SUBJECT: K & A ORLANDO2 LLC

Ref. Number: L11000065878

12 OCT 30 PM 2: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for K & A ORLANDO2 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00025728

# **COVER LETTER**

TO: Registration S Division of Co			**		
SUBJECT:	K & A O	RLANDO2 LLC			
SUBJECT.		ted Liability Company	, , , , , , , , , , , , , , , , , , ,		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		ALEX NOKHODCHI Name of Person			
		Nume of Person			
		Firm/Company			
	ŀ	HOPERITA STREET			
		Address		- N	
		ORLANDO FL 32812		12 0 SECI	•
		City/State and Zip Code			3.
	E-mail address: (	liasghar18@aol.com to be used for future annual report notific	etion)	30 SSE SSE	Ę <sub>≥</sub> :
For further information	concerning this matter, please of		auoji,	OCT 30 PM 2: 4 DRETARY OF STATE AHASSEE, FLORM	
	ex Nokhodchi	at (	756 5331	46 RIDA	
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	

### 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

	& A ORLANDO2 LLC			
(Name of the Limited L (A)	iability Company as it now appear forida Limited Liability Company)	ers on our records.		
The Articles of Organization for this Limited Lia Florida document number L110000658	• • •	05/09/2011	and assigned	
Piorida document humoer	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	the limited liability company he	re:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
			ALE SEE	
			<u>AA</u> - C1	
Enter new mailing address, if applicable:		······································	- SA 3 FA	
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )			
			ATE.	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on	our records, enter	the name of the new	
ignered agent and of the new registered on	et address nort.			
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

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> **Name Address Type of Action** ALEX NOKHODCHI MGRM P.O. BOX 560558 ✓ Add Remove ORLANDO FL 32856 **MGRM** KATIA NOKHODCHI P.O. BOX 560558 ✓ Add Remove ORLANDO FL 32856. MGR HAMID KHAN MOHAMADI P.O. BOX 560558 ✓ Add ORLANDO FL 32856 ☐ Remove **MRS** KATIA NOKHODCHI Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/15 2012 Dated \_\_\_ Signature of a member or authorized representative of a member ALEX NOKHODCHI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00;

APPROVE