

#L11000080542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200236222002

08/13/12--01003--007 **25.00

FILED
12 AUG 21 PM 2:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 22 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2012

QUINONES & OLIVER P.L.
LEW OLIVER
11513 LAKE UNDERHILL RD, STE. A
ORLANDO, FL 32825

SUBJECT: SALMA, LLC
Ref. Number: L11000080542

We have received your document for SALMA, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 912A00021002

QUINONES & OLIVER, P.L.

ATTORNEYS AND COUNSELORS AT LAW

11513 Lake Underhill Rd., Ste A

Orlando, FL 32825

Phone 407-249-5050 ♦ Fax 407-249-5008

August 21, 2012

Sent Via USPS Tracking# 798793332936

Florida Department of State
2661 Executive Center Circle
Clifton Building
Tallahassee, FL, 32301

Enclosed find the following:

- Salma LLC (Check in the amount of \$25.00 Filing Fee.)

It was a pleasure doing business with you, looking forward to next time. If you have any questions please feel free to give me a call at 407-249-5050.

Sincerely,


Anaisia Nieves
Closing Coordinator

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALMA, 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:

LEW OLIVER
Name of Person

QUINONES & OLIVER P.L.
Firm/Company

11513 LAKE UNDERHILL RD - SUITE "A"
Address

ORLANDO, FL 32825
City/State and Zip Code

OLIVER@GAOLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEW OLIVER at (**407**) **249-5050**
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 ☐ \$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**

SALMA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 AUG 21 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/13/2011 and assigned
Florida document number L11000080542.

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)

994 N COLONY RD

PMB 119

WALLINGFORD, CT 06492

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

994 N COLONY RD

PMB 119

WALLINGFORD, CT 06492

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

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

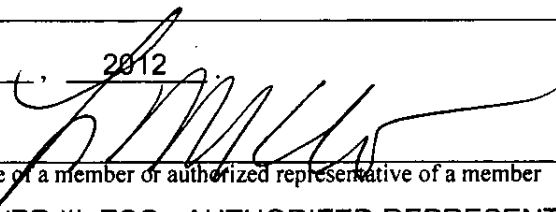
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kamran Farid	95 BARNES RD	☐ Add
		WALLINGFORD, CT 06492	☒ Remove
MGRM	Kamran Investments, LLC	994 N. COLONY RD	☒ Add
		PMB 119	☐ Remove
		WALLINGFORD, CT 06492	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated

AUGUST 7

2012


Signature of a member or authorized representative of a member

LEWIS M. OLIVER III, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee