#L11000080542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY 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

# QUIÑONES & 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 Filling 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,

Analisia 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

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

SALMA, 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 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**

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



**Filing Fee: $25.00**