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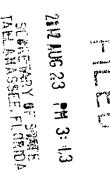
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T. CLINE
AUG 2 4 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations	in the second se			
SUBJECT:	KASHIE	BEN SAY LLC.			
SUBJECT.		ted Liability Company			
•	•				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:	•		
		SATISH PATEL			
		Name of Person		•	
			; ,		
•		Firm/Company			
	768 L	AKE VIEW POINTE DR.			
		Address			
	C	LERMONT, FL 34711		• .	
		City/State and Zip Code			
•	DHRU\	/@JNSASSOCIATE.COM	•		
	E-mail address: (t	o be used for future annual report notifica	tion)		
For further information	concerning this matter, please c	all:	٠.,		
	RUV PATEL		012 EXT 10	- 5., ~ ~	
Name	of Person .	Area Code & Daytime T	Telephone Number		
	•	•		36	
Enclosed is a check for	the following amount:			Sec. 23	· Paris
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	f Status & 🕮	gentler.
		:	•	, .	

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

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

(A Florida Limited Liability Company)

	A LANGIADY OF 20	
The Articles of Organization for this Limited Liability Company	were filed on	12 and assigned
Florida document number L12000001887	·	•
This amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of the limited liab	llity as many house	
A. If amending name, enter the new name of the innited hab	my company nere:	•
The common set he distinctionally and advice at a set of the	Addition Community and district	Tron al li ta
The new name must be distinguishable and end with the words "Limit "L.L.C."	led Liability Company," the designation	LLC" or the abbreviation
Enter new principal offices address, if applicable:	20102 OAKFLOWER AVE	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training anarest that BBM 1001 01 1100 DOM		29 2
B. If amending the registered agent and/or registered off	fice address on our records, enter	the name of the new.
registered agent and/or the new registered office address here		3 2 2 1 ···
, •		- IT
Name of New Registered Agent:		
N 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
New Registered Office Address:	Enter Florida street ad	<u>~ ~ (.)</u>
	Emer i wriau sireei uu	14/ 533
· . · · · · · · · · · · · · · · · · · ·	, 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 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:

	<u>Name</u>	Address	Type of Action
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			Remove
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	ling any other information, enter		3:

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Filing Fee: \$25.00