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AUG 10 2012 THAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations					
OUR ID OR	AZRA REA	AL ESTATE LLC			
SUBJECT:	AZRA REAL ESTATE, LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:					
riease return an correspo	ondence concerning this matter	to the following.			
		LEW OLIVER			
		Name of Person	,		
	QUI	QUINONES & OLIVER P.L. Firm/Company			
Tim/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)					
Ear forther information	concerning this matter, please o	<u>.</u>			
ror turmer information	concerning this matter, please t	an.			
	EW OLIVER	at (_407_)	249-5050		
Name of Person		Area Code & Daytim	e 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)		
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

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 07, 2012

Sent Via Fed Ex Tracking# 7938 7753 6092

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

Enclosed find the following:

Two Separate Filings

- Azra Real Estate LLC (Check in the amount of 25.00 Filling fee)
- Salma LLC (Check in the amount of 25.00 Filling fee)

malisier Mr

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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AZRA REAL E (Name of the Limited Liability Compan (A Florida Limited L	STATE, LLC ny as it now appears on our records.) iability Company)	<u></u>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000022697</u> .	were filed on02/16/2012	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	994 N COLONY RD		
(Principal office address MUST BE A STREET ADDRESS)	PMB 119		
	WALLINGFORD, CT 06492		
Enter new mailing address, if applicable:	994 N COLONY RD		
(Mailing address MAY BE A POST OFFICE BOX)	PMB 119		
	WALLINGFORD, CT 06492	2	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new	
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 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 Type of Action <u>Title</u> <u>Name</u> **Address MGRM** Kamran Farid 814 BARDON CT Remove CHESHIRE, CT 06410 MGRM Kamran Investments, LLC 994 N. COLONY RD Remove PMB 119 WALLINGFORD, CT-06492 ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 7** Dated Signature of a member or authorized representative of a member LEWIS M. OLIVER III, ESQ., AUTHORIZED REPRESENTATIVE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00