

L12000028494

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 17 AM 11:55

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APR 18 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KARS FOR YOU 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:

AKHTAR KHAN
Name of Person
KARS FOR YOU LLC
Firm/Company
2511 HINSDALE DR
Address
KISSIMMEE FL 34741
City/State and Zip Code
SHA745@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKIL AKHTAR KHAN at (**407**) **485-3412**
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

KISSIMMEE, FL 34741

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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12 APR 17 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KARS FOR YOU 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 FEBRUARY 28 2012 and assigned Florida document number L12000028494.

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: 2511 HINSDALE DR
KISSIMMEE FL 34741
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2511 HINSDALE DR
KISSIMMEE FL 34741
(Mailing address MAY BE A POST OFFICE BOX)

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:

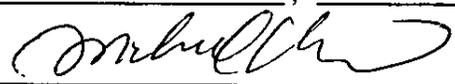
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAKIL AKHTAR KHAN	2511 HINSDALE DR KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 12 APR 17 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 4.7.12



Signature of a member or authorized representative of a member

AKHTAR M KHAN

Typed or printed name of signee