

LP2000049143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

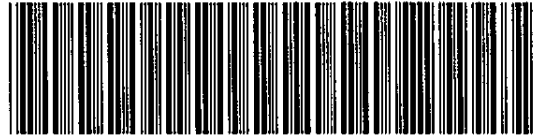
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/19/12--01012--029 \*\*60.00

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2012 NOV -1 AM 10:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 5 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Royal Portion  
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:

MGR Samer Zraik  
Name of Person

KZ  
Firm/Company

14174 Islamorada dr  
Address

Orlando FL 32837  
City/State and Zip Code

ZRAIK63@Gmail.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MGR Samer Zraik at (516) 633 6789  
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

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2012 NOV -1 AM 10:10  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Royal Poition

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KZ LLC

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)

14174 Islamorada dr  
Orlando FL 32837

Enter new mailing address, if applicable:

(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

Title	Name	Address	Type of Action
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MGRM	ghassan Zuraik	4981 Hook Hollow Cir Orlando FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<del>MGRM</del> MGRM	Yasser Krayem	14174 Islamorada Dr Orlando FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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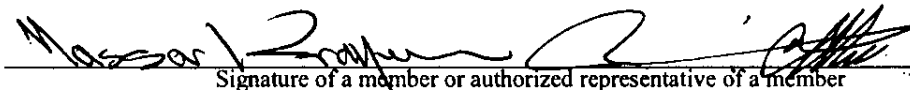
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

MGRM

  
Signature of a member or authorized representative of a member

MGR

Samer Zuraik  
Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA