| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| A. LUNT | | | | | |
| OCT -3 2012 | | | | | |
| EXAMINER | | | | | |

Office Use Only



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COVER LETTER

TO:

| TO: | Registration Sectorial Division of Corp | | | | · |
|---------------|---|---|---|--------------------------------------|-----------------|
| SUBJE | ? ← T• | Kim Rus | Properties, LLC | · | |
| 50.001 | <u></u> | | ed Liability Company | | T BOT |
| The en | closed Articles of A | mendment and fee(s) are sub | mitted for filing. | | SSET TO |
| Please | return all correspon | dence concerning this matter | to the following: | | MIZEUT - I PH W |
| | RAMAZANOV, RAMIL | | | ···· | |
| | | | Name of Person | | |
| | | | Firm/Company | <u> </u> | - |
| _ | | 250 174 STREET #2211 | | _ | |
| | Address | | | | |
| | SUNNY ISLES BEACH, FL 33160 | | | | _ |
| | | City/State and Zip Code | | | |
| | | Zakir E-mail address: (t | ramazanov@gmail.co o be used for future annual repo | m rt notification) | |
| For fur | ther information co | ncerning this matter, please ca | all: | • | |
| | | Ramazanov | at (_786) | 201-2309 Daytime Telephone Number | · |
| | Name of | rerson | Area Code & I | Jaytime Telephone Number | er |
| Enclos | ed is a check for the | following amount: | | | |
| ▼ \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is en | closed) Certifie | ate of Status & |
| | Registra Division P.O. Bo | NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314 | Registration Division of Clifton Build | Corporations | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | | 8 | Ì | |
|---|---|---------------------------|-----------------------|--|--|
| KIM RU | <u>S PROPERTIES, LL</u> | <u>_C</u> | THE T | ······································ | |
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appea la Limited Liability Company) | irs on our records.) | SEC TO SEC | į | |
| | | | 7 | پېلىمىن. د مىيىدا | |
| The Articles of Organization for this Limited Liability | Company were filed on | 06/15/2012 | and assigned | | |
| Florida document number L12000079460 | , | | \$ A = | | |
| This amendment is submitted to amend the following: | : | | | | |
| A. If amending name, enter the new name of the li | mited liability company he | re: | | | |
| The new name must be distinguishable and end with the v "L.L.C." | vords "Limited Liability Comp | any," the designation | "LLC" or the abbrevia | ition | |
| Enter new principal offices address, if applicable: | | | | _ | |
| (Principal office address MUST BE A STREET ADD | DRESS) | | | _ | |
| • | | | | _ | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | _ | |
| | | | | _ | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office agent | istered office address on ddress here: | our records, <u>enter</u> | the name of the | <u>ne</u> y | |
| • | | | • | | |
| 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Name</u> <u>Address</u> Type of Action <u>Title</u> ALEXANDER KIRMAZ MGRM 200 LESLIE DR #226 ☑ Add HALLANDALE, FL 33009 Remove ☐ Add Remove \square Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) SEPTEMBER 28 Dated _ Signature of a member or authorized representative of a member **RAMIL RAMAZANOV** Typed or printed name of signee

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00