

L12000093659

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KF PONCE, 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:

John S. Bohatch, Esq.

Name of Person

Guttenmacher, Bohatch & Peñaranda, P.A.

Firm/Company

7301 SW 57th Court, Suite 560

Address

South Miami, FL 33143

City/State and Zip Code

kpenaranda@gbptaxlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John S. Bohatch, Esq.

Name of Person

at (305)

666-1040

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

FILED
SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
12 AUG 10 AM 11:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KF PONCE, LLC

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

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DIVISION OF CORPORATIONS
12 AUG 10 PM 4:49

The Articles of Organization for this Limited Liability Company were filed on July 19, 2012 and assigned
Florida document number L120000093659.

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: 9211 Banyan Drive
(Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33156

Enter new mailing address, if applicable: 9211 Banyan Drive
(Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33156

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: 9211 Banyan Drive
Enter Florida street address

Coral Gables, Florida 33156
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>
<u>MGR</u>	<u>NASIR KASSAMALI</u>	<u>8950 NW 33RD STREET</u> <u>MIAMI, FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>NARGIS KASSAMALI</u>	<u>8950 NW 33RD STREET</u> <u>MIAMI, FL 33172</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>NASIR KASSAMALI</u>	<u>9211 BANYAN DRIVE</u> <u>CORAL GABLES, FL 33156</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>NARGIS KASSAMALI</u>	<u>9211 BANYAN DRIVE</u> <u>CORAL GABLES, FL 33156</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 3rd, 2012.

Nargis Kassamali
Signature of a member or authorized representative of a member

NARGIS KASSAMALI
Typed or printed name of signee