

L12000103209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

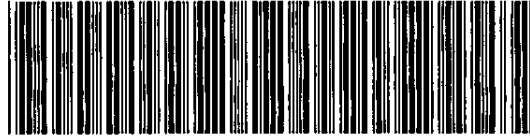
(Business Entity Name)

(Document Number)

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2015 SEP 25 P 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015
DIRECT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KLBH INVESTMENTS 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:

T R LAXMAN

Name of Person

T R THE TAXMAN INC

Firm/Company

9858 CLINT MOORE RD., SUITE C111-131

Address

BOCA RATON, FL 33496

City/State and Zip Code

tr@trthetaxman.net

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

For further information concerning this matter, please call:

T R Laxman

561 404 3057

at (_____) _____

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

2015 SEP 25 P 3:01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KLBH INVESTMENTS 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 08-10-2012 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:

The new name must be distinguishable and contain 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)

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

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 605, 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

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2015 SEP 25 P 3:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	USK AUTO INC	1835 East Hallandale Beach Blvd	<input type="checkbox"/> Add
		HALLANDALE BCH., FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	YEHUDA KAZZAB	1983 East Hallandale Beach Blvd	<input checked="" type="checkbox"/> Add
		HALLANDALE BCH., FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2005 SEP 25 P 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2013 SEP 25 PM 4:01
SECRETARY OF
TALLAHASSEE, FL

2015 SEP 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 3 2015

Signature of a member or authorized representative of a member

Raanan Gafri, For 441 Realty LLC, MGRM

Typed or printed name of signee