

L12000115054

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

16 SEP -6 10:08 AM
2016 SEP -6 AM 11:04

FILED
9/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALIF KROME, 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 P. MAAS

Name of Person

JOHN P. MAAS, ATTORNEY AT LAW

Firm/Company

44 NE 16 STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

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

For further information concerning this matter, please call:

CANDY BROWNLOW

305 247-7132
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

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

ALIF KROME, 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 September 7, 2012 and assigned Florida document number L12000115054.

This amendment is submitted to amend the following:

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

N/A

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: _____

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

N/A

(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: _____

N/A

New Registered Office Address: _____

N/A

Enter Florida street address

_____, Florida

City

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16 SEP -6
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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 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

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>
AMBR	Kazi M. Alam	12364 SW 216 Street	<input type="checkbox"/> Add
		Miami, FL 33170	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Afifa Islam	12364 SW 216 Street	<input type="checkbox"/> Add
		Miami, FL 33170	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kamal Patwary	28102 SW 164 Place	<input type="checkbox"/> Add
		Homestead, FL 33033	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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