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# **COVER LETTER**

TO:	Registration Se Division of Cor		,	jates, <b>M</b>	
SUBJE	•	er KAA LLC	era.		
SOBJE	C1.	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Ali Adham			
			Name of Person		
		Tarpon River KAA LLC			
		<del></del>	Firm/Company		
508 SW 6th Avenue					
			Address		
		Ft Lauderdale Florida 3331	15	<del></del>	
	ć	alialoan@hotmail.com	City/State and Zip Code	A SECTION ASSESSMENT	
	·	E-mail address: (1	to be used for future annual report not	tification)	1
For furt	her information co	oncerning this matter, please ca	all:	Po	
Ali Adl	ıam		310 546-1675		ų U
	Name of	f Person		ne Telephone Number	<del>- 3</del>
Enclose	d is a check for th	ne following amount:			
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Parpon River KAA LLC		
(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Lorida document number	Liability Company were filed on _	November 14, 2012 and assigned
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
he 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 appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICI	<u></u>	
3. If amending the registered agent an	t/or registered office address o	on our records, enter the name of the n
egistered agent and/or the new registered	9	
Name of New Registered Agent:	Ali Adham	
New Registered Office Address:	508 SW 6th Avenue	The state of the s
	Ft Lauderdale	orida street address 33315
	. City	⊖= \\-\Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<b>東帝 公</b>

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

## or, removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date an effective date is listed, the date must boote: If the date inserted in this block	e specific and cannot be prior to date	e of filing or more than 90 de tatutory filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	arsuant to 605.02 I not be listed :
ocument's effective date on the Dep	artment of State's records.		·	
The 90th day after the recor	d is filed.	and the second of the second		
September 02	2016			
ated	, M	Sofrar		
Si	gnature of a member or authorized	representative of a member		
Ali Adham				
	Typed or printed nam	e of signee		<del></del>

Page 3 of 3

Filing Fee: \$25.00