# L13000042108

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
ī.		

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2013 MAY 28 PM 2:51

MAY 29 2013 J. BRYAN

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	A C WHAN Name of Limit	ed Liability Company	
		, ,	
	Amendment and fee(s) are sub		TILE PAZ:51
Please return all correspo	ndence concerning this matter	to the following:	
	Amir U	Name of Person	42:51
	AC KHA	Firm/Company	
	316 EAS	T MEMORIAL B	RLVD_
	LAKELAN	OFL 33801 City/State and Zip Code	
	<u> </u>	1_ak9046@yaho o be used for future annual report notificati	O. COM
For further information c	oncerning this matter, please ca	all:	
Amir Wh.	<u>an</u> f Person	at ( <u>617) - 794 - 38</u> Area Code & Daytime Te	27/ elephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company v	were filed on $3 - 20 - 13$ and assigned
Florida document number <u>L13000042108</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
8	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation ILLC" of the abbreviation
Enter new principal offices address, if applicable:	27
(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 here:	· · · · · · · · · · · · · · · · · · ·
``	
Name of New Registered Agent: Amic	1/2 han
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 the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	Amir Whan	316 E. Memorial Blud	Add
		316 E. Memorial Blud Laueland, FL 33801	Remove
			_
			Add
		-t.:	Remove
			曼亚
			Add Add
			Remove Add Remove
	<b>*</b>		Add
			Remove
			<del>-</del>
			Add
			Remove
			_
<del></del>			_ Add
			Remove

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Laroline Mittlin
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

