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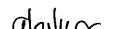
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SECRETARY OF STATE



#### **COVER LETTER**

	tration Section of Corp						
SIIDIECT.		roperties KAA LLC	·				
SUBJECT:		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	_				
		Ali Adham					
			Name of Person				
		Prime Properties KAA LL	С				
			Firm/Company				
		508 SW 6th Avenue					
		· · · · · · · · · · · · · · · · · · ·	Address				
		Ft Lauderdale FL 33315			SEC	. <mark>.</mark>	
		alialoan@hotmail.com	City/State and Zip Code			SEP 1	F
	•	E-mail address: (	to be used for future annual report notific	ation)		9	
For further info	ormation co	ncerning this matter, please ca	all:			PH :	$\bigcup$
Ali Adham			310 546-1675 at ()		新五	<del>1:</del>	
	Name of	Person	Area Code Daytime T	elephone Number	<del></del>		
Enclosed is a c	heck for the	e following amount:					
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		

MAILING ADDRESS:

TO:

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

# TO ARTICLES OF ORGANIZATION OF

If amending the registered agent and stered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	Ali Adham 508 SW 6th Avenue	rida street address  , Florida 333	PH D
stered agent and/or the new registered of New Registered Agent:	Ali Adham 508 SW 6th Avenue		he name of th
stered agent and/or the new registered of New Registered Agent:	office address here: Ali Adham	our records, enter t	he name of th
stered agent and/or the new registered o	office address here:	our records, enter t	he name of th
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If amonding the projectored agent area	d/or posistored office address or	Laur records enter	
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er new mailing address, if applicable:	**************************************		
Helphi Office dadress MOST DE A STRE.	<u>ET ADDRESS)</u>		
ncipal office address MUST BE A STRE			
er new principal offices address, if appli	icable:		
new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abb	reviation "L.L.C."
If amending name, <u>enter the new name</u>	of the limited liability company he	<u>ere</u> :	
s amendment is submitted to amend the fol	•		
ida document number	·		
., L13000111315	Liability Company were med on	<u> </u>	and assigned
	Liebilia, Commence, and Gloden	Aug 07, 2013	
Articles of Organization for this Limited			
Articles of Organization for this Limited 1	olted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	

#### 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in this blo	date of filing:(optional)  st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
record specifies a delayed The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
September 16	2016
ated	· · · · · · · · · · · · · · · · · · ·
	Mi Hollia
	Signature of a member of authorized representative of a member
Ali Adham	
4	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00