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2014 SEP -8 PM 2: 34

COVER LETTER

TO: Registration Sec Division of Corp		, (·
SUBJECT: Kavel	n Family Prope	erties, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Elliott Goldbe	erg, Esq.	
		Name of Person	
	DiGiacomo 8	& Goldberg	
		Firm/Company	
	One E. Brow	ard Blvd., Ste. 7	00
		Address	
	Fort Lauderd	dale, FL 33301	
		City/State and Zip Code	
	elliottglaw@hotm	all.com to be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	·	·
Elliott Goldb	perg, Esq.	_{at} 954 _. 801-62	266
Name of	`Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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



September 12, 2014

ELLIOTT GOLDBERG, ESQ. DIGIACOMO & GOLDBERG ONE E. BROWARD BLVD, SUITE 700 FORT LAUDERDALE, FL 33301

SUBJECT: KAVEH FAMILY PROPERTIES LLC

Ref. Number: L13000164077

We have received your document for KAVEH FAMILY PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Amendment was received on 09/08/14

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 014A00019585

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

FILED 2014 SEP -8 PH 2: 35

Kaveh Family Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida	Zip Code
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:		
registered agent and/or the new registered office address		
B. If amending the registered agent and/or registered		ter the name of the ne
		
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited l	iability company here:	
This amendment is submitted to amend the following:		
Florida document number L13000164077		
-, , , , , , , , , , , , , , , , , , ,	<u> </u>	and assigned
The Articles of Organization for this Limited Liability Compa		and assigned

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = ' Manager

AMBR = Authorized Member **Title** Name Address Type of Action Hassan Kaveh 49 Wrights Mill Drive **MGR ■** Add Jackson, TN 38305 ☐ Remove Vasteras, Sweden Zohreh Kaveh **AMBR ■** Add ☐ Remove □ Add □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove

famending any other information, enter change(s) here: (Attach addition Remove Zohreh Kaveh title as MGRM	nai sneeis, ij necessary.)
10/6 40(2	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	(optional) e more than 90 days after
Dated 09/03/2014	
Signature of a member or authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of a m	

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Filing Fee: \$25.00

TILED 114 SEP -8 PH 2:35