

L14000102968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

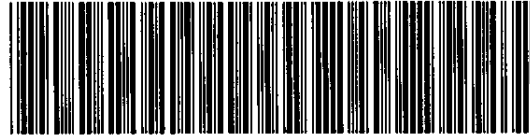
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAYAN INVESTMENTS 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:

CARL S PITTER

Name of Person

AA ACCOUNTING TAX CONSULTING LLC

Firm/Company

4313 NORTH ROCK ISLAND ROAD

Address

LAUDERHILL., FLORIDA 33319

City/State and Zip Code

SBATAXES@BELL SOUTH.NET

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

For further information concerning this matter, please call:

CARL S PITTER at (**954**) **733-7717**
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**

BAYAN INVESTMENTS 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 JUNE 27TH, 2014 and assigned Florida document number L14000102968.

This amendment is submitted to amend the following:

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

KAVA BAYAN, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

KAVA BAYAN, LLC

4313 NORTH ROCK ISLAND ROAD

LAUDERHILL, FLORIDA 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4313 NORTH ROCK ISLAND ROAD

LAUDERHILL, FLORIDA 33319

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:

CARL S. PITTER

New Registered Office Address:

4313 NORTH ROCK ISLAND ROAD

Enter Florida street address

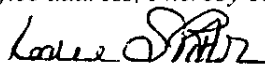
LAUDERHILL, FLORIDA 33319, Florida

City

Zip 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAVITA JAYAKUMAR-BECKER	202 LAKEWOOD DRIVE UNIT 11A	<input checked="" type="checkbox"/> Add
		JUPITER, FLORIDA 33458	<input type="checkbox"/> Remove
		202 LAKEWOOD DRIVE UNIT 11A	
MGRM	KAVITA JAYAKUMAR-BECKER	JUPITER, FLORIDA 33458	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 1ST, 2014

Signature of a member or authorized representative of a member

KAVITA JAYAKUMAR-BECKER

Typed or printed name of signee

2014 JUL 1 11:00 AM