

Nov. 19. 2014 1:06PM

No. 4289 P. 1

L14000107699

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: YNELSON@TAXNELSON.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AAA KAR-MON ENTERPRISES, LLC**

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14 NOV 19 PM 12:31
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030-017-038

11/19/2014 9:50:34 AM PAGE 1/001

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Fax Server



November 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AAA KAR-MON ENTERPRISES, LLC
4403 NW 36 AVE.
MIAMI, FL 33142

SUBJECT: AAA KAR-MON ENTERPRISES, LLC
REF: L14000107699

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Shelia H Young
Regulatory Specialist II
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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
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SECTION 1
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H140002691093

AAA KAR-MON ENTERPRISES, 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 07/03/2014 and assigned
Florida document number L14000107699.

This amendment is submitted to amend the following:

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

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**)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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If amending the Managers or Author 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>
AMBR	ALEXANDER VEREDA	1940 NW 13TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input checked="" type="checkbox"/> Remove
AMBR	MARK D. ECHEVARRIA	3432 SW 90TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Remove

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JANET L. BROWN
CLERK OF COURT

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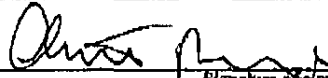
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 OCTOBER 31, 2014



Signature of a member or authorized representative of a member

ALBERT PIERSON

Typed or printed name of signer

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TALLAHASSEE, FL 32399

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