

L14000142813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

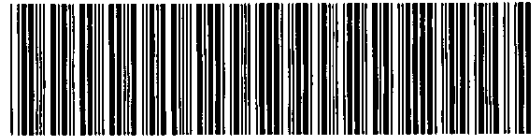
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/14--01001--012 **55.00

TO: JUDICIAL
SUFFICIENCY OF FILING

2014 OCT -9 PM 3:51

STATE OF FLORIDA
ALLAHABADI, FLORIDA

14 OCT -9 PM 12:26

FILED

W/K
10/10/14

CT

October 9, 2014

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9306223 SO
Customer Reference 1: 141273.010600
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

KAH MANHASSET, LLC (FL)
Amendment
Florida

KAH MANHASSET, LLC (FL)
Obtain Document - Misc - Certified Copy of Amendment
Filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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

KAH MANHASSET, 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 09/11/2014 and assigned
Florida document number L14000142813

This amendment is submitted to amend the following:

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

KCA Queens, 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)

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

_____, 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

MGR = Manager
AMBR = Authorized Member

14 OCT -9 PM12:25
☐ Remove
☐ Add
☐ Remove

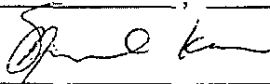
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 9, 2014



Signature of a member or authorized representative of a member

Manuel Kadre

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT - 9 PM 12:25
CLERK OF STATE
TALLAHASSEE, FLORIDA