Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878~5368

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAR HALL 2000, LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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			A Comment
		COVER LETTER	
TO: Registration 5 Division of Co			
SUBJECT:	KAR Hall	2000, LLC	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	····
	<u> </u>	Address	
	Shleym E-mail address:	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	M (ication)
For further information of	concerning this matter, please of	• •	
Name o	of Person	at (	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

Name of the Lim	lted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	•
The Articles of Organization for this Limited Florida document number 14000 15		112/2014 and a	assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability company here		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "	'L.L.C."
Enter new principal offices address, if appli	cable:		<del></del>
(Principal office address MUST BE A STRE	ET ADDRESS)		8
•	<del></del>	#P	<del></del>
		(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	00
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		7
			<del>-</del>
B. If amending the registered agent and registered agent and/or the new registered of		ir records, enter the name	e of the ne
Name of New Registered Agent:	NRAI Services	, Inc.	<del></del>
New Registered Office Address:	1200 South Pin	street address	4
	Plantation	, Florida <u>333 2</u> Zip Cod	4
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.

in If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Connie Bryan Assistant Secretary MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
m4r	Shahab Karmely	232, Modison Ave Se 200 New York, NY 10016	D Add
			□ Remove
•			Change
MGR	Ashley M. Miller	1525 Ponce de Leon BIVO	□ Add
	,	Coral Gables, FL 33134	
			□ Change
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic tument's effective date on the Department of State's records	able statutory filing requirements, this date will not be list	5.02 ted a
record specifies a delayed effective date, but no he 90th day after the record is filed.		ier
ed,	<u> </u>	
Ashlew M.	Miller	
Signature of a member or auth	orized representative of a member	
VI / 1/11/0 / 1/1/	(1/1 . 1 1 <b>/ 1</b>	

Page 3 of 3

Filing Fee: \$25.00