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TALLAHASSEE, FLORIDA

K. SALY

NOV - 1 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KASSISCO 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:

ANTOINE KASSIS
Name of Person

Firm/Company

9406 Wexford Rd
Address

JACKSONVILLE, FL 32257
City/State and Zip Code

HAZARKASSIS@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAZAR DEMETREE at (904) 881-9550
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 29, 2015 and assigned Florida document number L15000094204

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 contain 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MBR	Marc KASSIS	9406 Wexford Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Nicholas KASSIS	9406 Wexford Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	NORA KASSIS	9406 Wexford Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	HAZAR DEMETREE	9406 Wexford Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Antoine KASSIS
Typed or printed name of signee