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S. WARREN AUG 0 2 2017

COVER LETTER

Division of Ce	rporations		
SUBJECT:	AVI SSL Name of Lam	L. L. C	· ·
The enclosed Articles o	f Amendment and fec(s) are sub-	unitted for filing	
Please return all corresp	oundence concerning this matter	to the following	
	Muliam	mad Ebrahim Name of Person	
	BAVI	SSL LCC	
	30 NU	2 162 ST	
	MIAMI	F. L. 3 3 1 6 9 City State and Zip Code	
	c j ,	Only State and Zap Code $\frac{\partial}{\partial t} \left(\frac{\partial}{\partial t} \right) = \frac{\partial}{\partial t} \left(\frac{\partial}{\partial t} \right) \left(\frac{\partial}{\partial t} \right$	1
	F-mail address (to be used for lumre annual report noti-	fication)
For further information	concerning this matter, please or	ell:	
Mohamm	ad Chanhem	at (786) 60% -	4074
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed)	(2) \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAHANG ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ${\bf STREET/COURTER\ ADDRESS};\\$

Registration Section Division of Corporations Unition Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.

K A V J	L SSL LLC	
(Name of the Limited L (A F	lability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilifornida document number L 17000147		and assigned
This amendment is submitted to amend the followin	iā;	
A. If amending name, enter the new name of the		
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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		
New Neglitered Office Nadicipal	Enter Florida street d	address
_	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	gent and agree to act in this capacity, and complete performance of my dutie ed agent as provided for in Chapter (stered office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signs	sture of New Registered Again
	Page 1 of 3	PM 3: 54

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR.	m SHAMMAD AZEEM	HOSCOF MEHANT RD	🗖 Add
		KARTON, PAKKETAY	D Remove
			ZI, Change
AMBR	MUHAMMAN PARACHA	1913 Lance Bow 1311	
		EULETT 1X 76040	□ Remove
		· · · · - · · · · · · · · · · · ·	Z Change
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D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective	date, if other than the date of filing: (optional)	
Note: If	date, if other than the date of filing: (optional) (ve 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifts effective date on the Department of State's records.	605,0207 (3)(b isted as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear Oth day after the record is filed.	rlier of:
Dated	··	
	MW mothery =	;
	Signature of a member or authorized representative of a member	=
	MUHAMMAD EBRAHIM Typed or printed name of signee	FILED
	Typed or printed name of signee	
	Page 3 of 3	ت تن
	Filtra Front 625 00	F1.

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Filing Fee: \$25.00