L17000210694

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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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DE 14 2017



November 9, 2017

MATTHEW LADYMAN, ESQ 617 E. COLONIAL DR ORLANDO, FL 32803 US

SUBJECT: KARL C. GONZALEZ, PLLC

Ref. Number: L17000210894

We have received your document for KARL C. GONZALEZ, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 717A00022820

COVER LETTER

TO: Registration Division of C	n Section Corporations	
311D ID 000	Kazmi, LLC	
3003201.	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Matthew Ladyman	
	Name of Person	-
	Nishad Khan, PL	I fee(s) are submitted for filing. ing this matter to the following: dyman Name of Person n. PL. Firm/Company mial Drive Address . 32803 City/State and Zip Code shadkhanlaw.com -mail address: (to be used for future annual report notification) natter, please call: at (407 / Area Code) Daytime Telephone Number Jount: Jo
	Firm/Company	-
	617 E. Colonial Drive	
	Address	-
	Orlando, FI. 32803	
	City/State and Zip Code	-
	matthew@nishadkhanlaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Matthew Ladyman	at ()	
Nan	ne of Person Area Code Daytime Telephone Numbe	τ
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certified Copy Certifi	ate of Status & d Copy

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

Zaidi & Kazmi, LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on 10/11/2017		10/11/2017 and assigned
Florida document number 1.17000210694	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		: 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	Nishad Khan, PL	
New Registered Office Address:	617 E. Colonial Drive	
-	Enter	Florida street address
	Orlando	, Florida 32803
	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

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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fan effectiv <u>Note:</u> If t	date, if other than the diverget is listed, the date must be the date inserted in this blue is effective date on the Dep	be specific and cannot be prick does not meet the app.	icable statutory filing	(optiona ore than 90 days after fills requirements, this da	g.) Pursuant to 60	5.0207 (1 ted as th	3)(E
e record The 90	d specifies a delayed of th day after the recor	effective date, but r d is filed.	not an effective ti	me, at 12:01 a.m	. on the earl	er of:	
Dated	12/11/17	,	· ·				
		V. Meld Has	sau.				
	Si	gnuture of a member or my MEHDI HA	thorized representative				

Page 3 of 3

Filing Fee: \$25.00