

11/30/2017

L17000233468

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AVA FINANCIAL CONSULTANTS INC  
Account Number : I20170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

2017 NOV 30 PM 1:30

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

Email Address: aminocher@gmail.com  
AMINOCHER@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG  
RESIGN  
K HIMANI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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S. WARREN

DEC 01 2017

11/30/2017

Division of Corporations

Estimated Charge	\$25.00
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Electronic Filing  
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Corporate Filing Menu

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: KHIMANI 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:

ZAREEN KHIMANI

Name of Person

KHIMANI LLC

Firm/Company

3100 NW 107TH AVE

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

khimanizareen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAREEN KHIMANI

Name of Person

954

at ( )  
Area Code

695-0719

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

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KHIMANI 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 NOVEMBER 10, 2017 and assigned  
Florida document number L17000233468.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(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:

ZAREEN KHIMANI

New Registered Office Address:

3100 NW 107TH AVE

*Enter Florida street address*

CORAL SPRINGS

*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.*

*Zareen Khimani*

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SULEMAN KHMANI	3100 NW 107TH AVE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JANAN KHMANI	3100 NW 107TH AVE	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 ADD  
 REMOVE  
 CHANGE  
 OFFICE OF STATE  
 TALLAHASSEE, FLORIDA

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

N/A

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated NOVEMBER 30, 2017

Zareen Khimani

Signature of a member or authorized representative of a member

ZAREEN KHAMANI

Typed or printed name of signee

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17 NOV 30 AM 9:03  
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CAPITOL SECT. 1  
LONDON