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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	CT: Kayyat Ll	_C		
		Name of Limi	ited Liability Company	
The end	dosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspor	ndence concerning this matter	to the following:	
		Samier Khayat		<u>_</u>
			Name of Person	
		Kayyat LLC		
			Firm/Company	
		2620 Big Lake Ln	ı	
			Address	·
		Apopka FL 32703		
			City/State and Zip Code	
		sameerkhayyat@yahoo.d	com to be used for future annual report not	(faction)
D 6	, , , , ,			incanon)
For fur	her information co	oncerning this matter, please co	aH;	
Sami	er Khayat		at (407) 779	8801
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 Filing Fee	S30.00 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

Kayyat LLC					
(Name of the Limit	ed Liability Comp (A Florida Limited	oany as it now appears on our I Liability Company)	records.)		
The Articles of Organization for this Limited L. Florida document number L18000126820	iability Compan	y were filed on May	21, 2018	and as	signed
This amendment is submitted to amend the follo	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited lia	bility company here:			
he new name must be distinguishable and contain the w	vords "Limited Liat	pility Company," the designatio	n "LLC" or the ab	breviation "I	lC."
Enter new principal offices address, if applicable:		2620 Big Lake Ln			
Principal office address MUST BE A STREE	T ADDRESS)				
		Apopka FL 32703		2016 1	
Enter new mailing address, if applicable:	2620 Big Lake Ln	5 2 1	MAY 3		
Mailing address MAY BE A POST OFFICE	BOX)			.i	- 2
		Apopka FL 32703	,		1 4 ·
3. If amending the registered agent and/ registered agent and/or the new registered of	• *		ecords, enter-	5. -	of the no
Name of New Registered Agent:	Registere	ed Agents Inc.			
New Registered Office Address:	3030 N. Rocky Point Dr. STE 150A				
	Enter Florida street address				
	Tampa		, Florida <u>33</u>	3607	
		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 Title Address Type of Action Name MGR Scimier Khayat 2620 Big lake lane WAdd Apopka FL 32703 _ Remove _□ Change AMBR Scimier Khayat 2620 Big lake lane Wadd Apopla FL 32703 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

 □ Remove
 Change
 D ∆dd
₹ □ # Ricmoye
Ghangara
5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
□ Change

		
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	st be specific and cannot be prior to date of filing or more than 9 ock does not meet the applicable statutory filing require	
e record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at ord is filed.	: 12:01 a.m. on the earlier of:
Dated May 21	<u> </u>	₹ ~
<u> </u>	Samila	2016 H
_	Signature of a member or authorized representative of a mem	30-1 Contrar
	Samier Khayat	9/6/ G
	Typed or printed name of signee	
	Page 3 of 3	\$ \overline{\ove

Filing Fee: \$25.00