

118000289692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

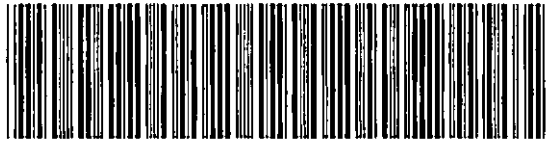
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/18--01006--001 **43.75

FILED
19 JAN 25 PM 12:56
TALLAHASSEE, FLORIDA

JAN 28 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2019

KLAUDIA PLEQI
KASHARI TRANSPORTATION LLC
100 FAIRWAY PK BLVD UNIT 1112
PONTE VEDRA, FL 32082

SUBJECT: KASHARI TRANSPORTATION LLC
Ref. Number: L18000289692

We have received your document for KASHARI TRANSPORTATION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 319A00000889

RECEIVED
2019 JAN 25 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KASHARI TRANSPORTATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KLAUDIA PLEQI

Name of Person

KASHARI TRANSPORTATION LLC

Firm/Company

100 FAIRWAY PK BLVD UNIT 1112

Address

PONTE VERDRA, FL 320852

City/State and Zip Code

NAGDAY@AOL.COM

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

For further information concerning this matter, please call:

KLAUDIA PLEQI

904

4286276

at (_____) _____

Name of Person

Area Code

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**

KASHARI TRANSPORTATION 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 12/18/18 and assigned
Florida document number L18000289692.

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:

VISAR KASHARI

New Registered Office Address:

100 FAIRWAY PK BLVD UNIT 1112

Enter Florida street address

PONTE VEDRA

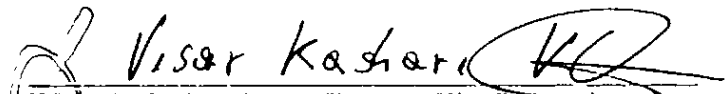
City

Florida 32082

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>
P	KLAUDIA PLEQI	100 FAIRWAY PK BLVD UNIT 1112	<input type="checkbox"/> Add
		PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	VISAR KASHARI	100 FAIRWAY PK BLVD UNIT 1112	<input checked="" type="checkbox"/> Add
		PONTE VEDRA, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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1. If an

[illegible]

01/23/2019

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 01/22 2019

Signature of a member or authorized representative of a member

KLAUDIA PLEQI

Typed or printed name of signee