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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:

TO: Registration So Division of Cor		,		
	ESTMENTS LLC	. •		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Khalid Inshan			
		Name of Person		
	KASI Investments LLC			
		Firm/Company	ddress and Zip Code	
	805 Huntsville Rd.			
		Address		
	Gotha, FL 34734			
	*	City/State and Zip Code	····	
	CloseWithKhalid@outlook			
		to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	ail:		
Khalid Inshan		321 4385211		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 S		<u>Street Address:</u> Registration Sc	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, l	rL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KASI Investments LLC			
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company were	filed on 7/30/2021	and ass	igned
Florida document number L21000344500			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the a	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)			
<u> </u>			
B. If amending the registered agent and/or registered office addre	es an our records, enter the nai	me of the nev	v rogjetoro
agent and/or the new registered office address here:	ss on our records, <u>enter the nar</u>	ne or the nev	()
Name of New Registered Agent:	and the second s		
New Registered Office Address:			
	Enter Florida street address	. ••	
	Florida	⊃: N∋Zip Code	
C	ļū.	NZip 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 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>	Address	Type of Action
MGR	Sana Inshan	805 Huntsville Rd. Gotha, FL 34787	□∧dd
			■Remove
			□ Change
MGR	Isa Inshan	805 Huntsville Rd. Gotha, FL 34734	
			Remove
			□Change
AMBR	Khalid Inshan	805 Huntsville Rd. Gotha, FL 34734	∃ Add
			□Remove
			Change
MGR	Arshena Inshan	805 Huntsville Rd. Gotha, FL 34734	□Add (**)
			□Remove
		Treasurer	Change
			<u>~~~</u> □Add
			∃Remove
			□Change
			□Add
			□Remove
			Change

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