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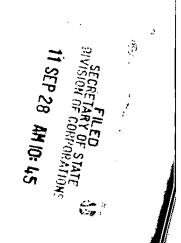
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COVER LETTER

TO:	Registration S Division of Co			2.0
SUBJECT: Kenansy			lle Holdings, LLc	1.50
			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	1 SEP 28 MIN
Please	return all corresp	ondence concerning this matte	r to the following:	
			Lazaro J. Perez, J.D.	
			Name of Person	
		L	azaro J. Perez, PLLC	
			Firm/Company	
		169	99 Coral Way, Suite 315	
			Address	· · · · · · · · · · · · · · · · · · ·
			Miami, Florida 33145	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			info@ljptax.com	
For fur	ther information of	E-mail address: (concerning this matter, please o	to be used for future annual report notificational:	n)
	Lazar	o J. Perez, J.D.	at (305) 308	-0144
		of Person	Area Code & Daytime Tele	
Enclose	ed is a check for t	he 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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kenansville Holdings, 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	s Limited Liability Company were filed	on 05/25	/2006 and assigned
Florida document numberL	06000054387		
This amendment is submitted to am	end the following:		
A. If amending name, enter the n	ew name of the limited liability comp	any here:	
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability	/ Company," the de	signation "LLC" or the abbreviatio
Enter new principal offices addres	ss, if applicable:	70.00	
(Principal office address MUST BI	E A STREET ADDRESS)		
Enter new mailing address, if app	licable:		
(Mailing address MAY BE A POST			
	gent and/or registered office addre	ss on our record	is, enter the name of the nev
registered agent and/or the new re	gistered office address here:		
Name of New Registered A	Agent:	MX 100 18 1	
New Registered Office Ad	dress:		
		Enter Florida street address	
	 	, F	Florida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN E. TEJERA VALVERDE	1699 CORAL WAY, SUITE 315 MIAMI, FLORIDA 33145	✓ Add Remove
MGR_	LAZARO J. PEREZ, PLLC	1699 CORAL WAY, SUITE 315 MIAMI, ELORIDA 33145	Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			_
_			_ _
Dated	SEPTEMBER 27 , 20		
		or authorized representative of a member	
		. TEJERA VALVERDE or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00