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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	СТ:	KYRIS	32, LLC	·
	Na	me of Limited L	iability Co	mpany
Dear Si	r or Madam:			4
The end	closed Articles of Correction and fed	(s) are submitted	l for filing.	٠
Please r	return all correspondence concerning	g this matter to th	e followin	g:
	•			
	MANUEL DIN	ER		
	Name of Person			-
	MANUEL DINER	, P.A.		_
	Firm/Company			_
	7735 NW 146 STREET	, SUITE 300		_
	, Address			
	MIAMI LAKES, FL			
	City/State and Zip Cod	le		-
	MDINER@DINERL	AW.COM		
E-	-mail address: (to be used for future	annual report no	tification)	- ·
For furt	ther information concerning this ma	ter, please call:		
	MANUEL DINER	at (305	825-8151
	Name of Person .		Area Co	ode & Daytime Telephone Number
Registra Division Clifton 2661 Ex	ett/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	ssee, Florida 32301			
Enclose	ed is a check for the following am	ount:		
\$25	Filing Fee \$30 Filing Fee & Certificate of Sta		ing Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E0	62 (08/05)			•

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30, business days to correct the attached articles of organization or application to transact business in Florida.

<u>FIRST</u>	The name of the limited liability company is: KYRIS2, LLC					
SECO:	ND: The articles of organization or the application to transact business					
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The correct street address and mailing address of the limited liability company is:					
	2655 Le Jeune Road, Suite1108, Coral Gables, Fl. 33134					
	The correct name & address of the Managing Member named in Article V is					
	INTEGRAL SOLUTIONS INVESTORS, LLC, 2655 Le Jeune Road, Suite 1108, C					
,	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
	,					
Dated:	May 8 2012					
Duicu.	Ma o l E o					
	Signature of a member or authorized representative of a member					
	Manuel Diner Typed or printed name of signee					
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L12000058870 FILED 8:00 AM May 01, 2012 Sec. Of State thampton

Article I

The name of the Limited Liability Company is: KYRIS2, LLC

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Article II

The street address of the principal office of the Limited Liability Company is:

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MANUEL DINER, P.A. 77365 NW 146 STREET SUITE 300 MIAMI LAKES, FL. 33016

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MANUEL DINER

Article V

The name and address of managing members/managers are:

Title: MGRM INTEGRAL SOLLUTIONS INVESTORS, LLC 2665 LE JEUNE RAOD, SUITE300 CORAL GABLES, FL. 33134 US

Title: MGR JUAN J BLANCO 2665 LE JEUNE ROAD, SUITE 1108 CORAL GABLES, FL. 33134 US L12000058870 FILED 8:00 AM May 01, 2012 Sec. Of State thampton

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.