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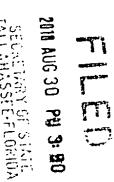
(Requestor's Name)
(Address)	<u> </u>
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COVER LETTER

Div	ision of Corp	porations				
CHD IU/T.		LDINGS LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		SANDRA MARCELA GO	DMEZ			
A&G ACCOUNTING AND FINANCIAL SERVICES LLC						
Firm/Company						
1200 ANASTASAIA AV SUITE 412						
			Address		•	
		CORAL GABLES FLORI	DA, 33134			
		m.gomez@agaccountservie	City/State and Zip Code		SECRETATION TALLAHA	
		•	to be used for future annual report	notification)	AUG	
For further i	nformation co	oncerning this matter, please ca	atl:		SSE.	
Sandra Mar	cela Gomez		786 838 706.	2		
	Name of	f Person		ytime Telephone Number	SIATE LORIDA	, ₆
Enclosed is	a check for th	e following amount:				
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section

TO:

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**

KALOS HOLDINGS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records Diability Company)	<u>,,)</u>		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000157183}{L14000157183}$.	were filed on	and assigned		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	s, if applicable: 19201 COLLINS AVENUE APT 1001			
Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLANDS 33160	7A S 28		
		> T		
		2		
Enter new mailing address, if applicable:		SSS O		
Mailing address MAY BE A POST OFFICE BOX)		Pa 11		
		OR A		
		0 m		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the		
New Registered Office Address:	Enter Florida street address			
	Fla	orida		
	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. Thereby 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>	Address	Type of Action
AMBR	WILMAN OSORIO GOMEZ	19201 COLLINS AVENUE	
		APTO 1001	■ Remove
		SUNNY ISLANDS 33160	Change
AMBR	MAURICIO JIMENEZ ISAZA	19201 COLLINS AVENUE	Add
	1	APTO 1001	■ Remove
		SUNNY ISLANDS 33160	☐ Change
			🗆 Add
			Remove
			Change
			AUG AUG RAOVE
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Effective date, i If an effective date i Note: If the date document's effec	s listed, the da inserted in t	te must be specifi his block does i	ie and cannot be not meet the a	applicable sta		than 90 days aff			
he record spec The 90th da				ut not an e	ffective tin	ne, at 12:01	a.m. on th	e earlie	er of
Dated <mark>価値即</mark>		Cont	2008	 ~~	1	1	\bigcup_{i}		
		Signature	of a member o	r authorized re	presentative of	a member	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00