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12 MAY 14 AM 9:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KYRIS2, LLC
Name of Limited Liability Company

FILED
12 MAY 14 AM 9:10

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL DINER
Name of Person

MANUEL DINER, P.A.
Firm/Company

7735 NW 146 STREET, SUITE 300
Address

MIAMI LAKES, FL. 33016
City/State and Zip Code

MDINER@DINERLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL DINER at (305) 825-8151
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- [x] $25 Filing Fee
- [ ] $30 Filing Fee & Certificate of Status
- [ ] $55 Filing Fee & Certified Copy
- [ ] $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
2012 MAY 14 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

FIRST: The name of the limited liability company is:
KYRIS2, LLC

SECOND: The articles of organization or the application to transact business

(CHECK 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

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 8, 2012

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

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

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

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

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.