## L12000115798

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Buomess Emily Hume)				
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09/21/12--01010--012 \*\*25.00



J. BRYAN
SEP 24 2012

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co		<b>4</b> €	•
SUBJE	CCT:	PAKA INV	ESTMENTS LLC	
		Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sul ondence concerning this matter	_	TILE PAINO
E			BIANCA SAPORITTO	· · · · · · · · · · · · · · · · · · ·
			Name of Person	
TEAM REA		TEAM REAL	ESTATE MANAGEMENT, I	_LC
BIANCA@			1 min company	
		2801 NE 208	TH TERRACE, SECOND FL	OOR
			Address	
		Α	VENTURA, FL 33180	
			City/State and Zip Code	
		BIANCA@	TEAMREMANAGEMENT.CC to be used for future annual report notifica	<u>DM</u>
For fur	ther information	concerning this matter, please of	·	uon
BIANCA SAPORITTO		CA SAPORITTO	<u>. at ( 305 ) 4</u>	54-0915
	Name	of Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for	the following amount:		
<b>₹</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:		STREET/COURIE	O ADDDESS.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>KA INVESTMENTS LLC</u>		
( <u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liz Florida document number L12000115		09/10/2012	and assigned
Florida document numberL12000115	, , , , , , , , , , , , , , , , , , ,		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:	, in the second	高名三
(Principal office address MUST BE A STREE	T ADDRESS)		2 7
	<del></del>		3
			7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/o	r ranistared affice address on	our records enter t	he name of the new
registered agent and/or the new registered of		our records, enter t	ne name of the new
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, 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 Title **Address** Type of Action Name FRANCAVILLA, AGUSTINA G. 2801 NE 208TH TERRACE **MGRM** ✓ Add
☐ Remove SECOND FLOOR AVENTURA, FL 33180 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary SEPTEMBER 17 2012 Dated Signature of a member or authorized representative of a member **BIANCA SAPORITTO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00