447

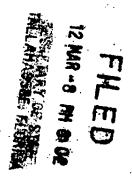
(Requ	uestor's Name)	
(Addı	·ess)	
(Addi	race)	
(, tual	C33)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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		:

Office Use Only



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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration So Division of Co			***			
SUBJI	ECT:	Kyl	asam, LLC				
			ited Liability Company		-		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please	return all correspo	ondence concerning this matter	r to the following:				
			Tracie Galindo Name of Person		_		
			Name of Person				
			Kylasam, LLC		_		
			Firm/Company				
		4420	FM 1960 West, Suite	224			,
		-	Address				
			Houston, TX 77068			2	
			City/State and Zip Code			7	
		tracie.ga	alindo@cncinvestmen	ts.com		3	
			to be used for future annual repo	ort notification)		#	
For fur	ther information of	concerning this matter, please of	call:			2	
	Tra	acie Galindo	at (281)	444-1585		•	
	Name o	f Person	Area Code &	Daytime Telephone Numb	oer .		
			,				
Enclose	ed is a check for the	ne following amount:					
	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certific	filing Fee, cate of Sta ed Copy onal copy		osed)
		ING ADDRESS:		COURIER ADDRESS:			
	Divisio	on of Corporations		Corporations			
		ox 6327 assee, FL 32314	Clifton Buil 2661 Execu	ding tive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kylasa	m, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
(71 Torium Ellinico	Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on	8/29/2002	and assigned
Florida document numberL02000022447			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
Kylasam Inves	stments, LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		احبر نوح	
			5
Enter new mailing address, if applicable:		2013 (1913)	3 14
(Mailing address MAY BE A POST OFFICE BOX)			
			fi √ .δ -
		•	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r records, <u>enter tl</u>	e name of the new
registered agent and/or the new registered office address ne	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street addr	ess
	City	, Florida	Zip Code
	•		• 1

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 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
···			Add
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	10000000000000000000000000000000000000
_		;	A CO
Dated	Dep al	200	
		or authorized representative of a member	
	Typed	wdary Yalamanchili or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00