L04000090769

| (Requestor's Name) |
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SECRETARY OF STATE
AND AN ASSEE, FLORIDA

Registration Section **Division of Corporations** KAPAX CAPITAL, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROSA RIVAFLECHA Name of Person PRS INTERNATIONAL Firm/Company 801 BRICKELL AVENUE, 16TH FLOOR Address MIAMI, FL 3131 City/State and Zip Code r.rivaflecha@prsint.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_305) Rosa Rivaflecha Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) \$30.00 Filing Fee & \$55.00 Filing Fee & \$25.00 Filing Fee Certified Copy
(additional copy is enclosed) STREET/COURIER ADDRESS: October 12, 2009 FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations Clifron Building 2661 Executive Center Circle Tallahassee, FL 32301 Re: Articles of Amendment Dear Sirs: Enclosed please find the Articles of Amendment to Articles of Organization for the following LLC: KAPAX REGPI, LLC. - L05000112344 We are including a check in the amount of \$30.000 pay for the filing fee and Certificate Please send us the Certificate of Status in the enclosed Federal Express envelope.

Should you require anything further for the Amendment, please contact me at (305) 459-5352.

Thank you very much for your prompt attention to this matter.

Sincerely,

Auf.

Rosa Rivaflecha

Corporate and Clients Department Assistant

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

| | PITAL, LLC. | | | |
|--|---|----------------------------------|--------------------------|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appea Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company were filed on1 | | 12/15/2004 | and assigned | |
| Florida document numberL0400090769 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited list | bility company he | <u>re</u> : | | |
| Name remai | ns the same | | | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Comp | any," the designation "I | LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 801 Brickell | 801 Brickell Avenue | | |
| (Principal office address MUST BE A STREET ADDRESS) | 16th Floor | 16th Floor | | |
| | Miami, FL 33 | 3131 | | |
| Enter new mailing address, if applicable: | 801 Brickell | Avenue | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 16th Floor | | | |
| | Miami, FL 33131 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address: 801 Bricket | ere: ood II Avenue, 16th | Floor nter Florida street add | | |
| | City | , Florida | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | | |
|--|---|--|----------------|--|--|--|--|
| MGR | Carlos A. Zumpano | 1015 Placetas Avenue Coral Gables, FL 33146 | Add Remove | | | | |
| MGR_ | Emil R. Infante | 1121 Hardee Road Coral Gables, FL 33146 | Add Remove | | | | |
| MGR_ | Gerald Wood | 801 Brickell Avenue 16th Floor Miami, FL 33131 | Add Remove | | | | |
| | | | Add Remove | | | | |
| <u> </u> | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| D. If amendir | g any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | | | | | |
| | | A CANADA | | | | | |
| Dated Oct | ober 7 , 2009 | · / / § | ME: NAIE | | | | |
| Signature of a member or authorized representative of a member | | | | | | | |
| Fernando Rodriquez Vila Typed or printed name of signee | | | | | | | |

Page 2 of 2

Filing Fee: \$25.00