105000009483

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



100077012451

07/06/06--01025--024 **30.00

2006 JUL -6 PHIZ: 22

05 a483

COVER LETTER

Division of	Corporations	
SUBJECT:	K.G.F.A. Capital Fund II L.C. (Name of Limited Liability Company)	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	(Name of Person) KGFA CAPITAI PARTNERS L.LC. (Firm/Company) (Address) MIAMI, FL 33131 (City/State and Zip Code) Consumption (Name of Person) ALC. SECRETARY SECRETARY OF STATE ORIGINAL Consumption (Address) (City/State and Zip Code)	
For further information	on concerning this matter, please call:	
Gil	(Name of Person) at (305) 379 - 4457 (Area Code & Daytime Telephone Number)	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	

MAILING ADDRESS:

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

	KGFA CAPITAL FUND IL L.L.G.S.
	(Present Name) (A Florida Limited Liability Company) AFT AFT ASSET 1
•	
FIRST:	The Articles of Organization were filed on 1-31-2005 and assigned document number 4050
SECOND:	This amendment is submitted to amend the following:
	1) Amend present Name From:
	KGFA CAPITAL Fund II L.LC.
	TO: K.G.F.A. INVERSIONES L.L.C.
	2) Amend MANAGER:
	DELETE: KGFA CAPITAI PARTNERS L.L.C.
	3) Amend MANAgen:
	Add: GIL ZAPATA
	<u> </u>
Dated <u></u>	June 29 , 2006.
	Signature of a member or authorized representative of a member
	Gil ZARA+A.

Filing Fee: \$25.00

Typed or printed name of signee