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K. SALY EXAMINER JUN 1 2012

CORPDIRECT AGI 515 EAST PARK AV TALLAHASSEE, FI 222-1173	VENUE	merly CCRS)	· · · · · · · · · · · · · · · · · · ·
FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	KATIE WO	<u>ONSCH</u>	
DATE:	05/31/2012		
REF. #:	000661.1673	342	•
CORP. NAME:	AKAL LLC	<u>:</u>	
() ARTICLES OF INC	CORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	•	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	FICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT	Γ	() MERGER	() WITHDRAWAL
() CERTIFICATE OF () OTHER:	CANCELLATION	I	
STATE FEES P	REPAID W	т н снеск #_54458 <u>/</u>	Z FOR \$ <u>55.00</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	ED:
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Examiner's Initia	ıls		

COVER LETTER

	ration Se on of Cor	ction porations		
SUBJECT:		Ał	KAL LLC	
SOBJECT:			ited Liability Company	
		Amendment and fee(s) are sub		
Please return al	l correspo	endence concerning this matter	to the following:	
			Catherine Botticelli	
			Name of Person	
			iBCF, Inc. Firm/Company	
			Finitediapaily	
101 Main St., Suite One			D1 Main St., Suite One	
			Address	
			Tappan, NY 10983 City/State and Zip Code	
		ı	catherine@ibcf.com	
		E-mail address: (to be used for future annual report notification)	
For further info	mation o	concerning this matter, please of	call:	
	Cath	erine Botticelli	at (845) 398-0900	
	Name (of Person	Area Code & Daytime Telephone Number	
Enclosed is a c	heck for t	he following amount:		
\$25.00 Filir	ng Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	
	Regist Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, 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

FILED'

12 MAY 31 AM 10: 13

SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

	AKAL LLC		TAMASSEE, PLORID
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil Florida document number		07/28/2005	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the		<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	my," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable) ·		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	tress
		. Florida	
_	City	, * 10114#	Zin 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
MGRM	ASHKUM INTERNATIONAL S.A.	RINCON 531 AP. 502 MONTEVIDEO, 11000 UY	Add Remove
MGRM	Mr. RICARDO FABIAN ROSENFELD	Calle 53 00348, Piso 01 Entre Calle 2 v Calle 54 1900 La Plata, Argentina	✓ Add □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			
_			
Dated	_ (/es	1 2 - 2 - 2 - 2 - - 2 -	
•	_ Cathenie	of a stherized representative of a member Comparing the state of the	

Page 2 of 2

Filing Fee: \$25.00