(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:							
A. LUNT							

JUL 28 2010

EXAMINER

Office Use Only

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07/27/10--01009--009 **25.00

COVER LETTER

TO; Regist	ration Section on of Corporations		
SUBJECT:	KC	PARTNERS	
		imited Liability Company	•
The enclosed A	rticles of Amendment and fee(s) are	submitted for filing.	
Please return al	correspondence concerning this mat	tter to the following:	
	_		
		Name of Person	
	-1 2		
	REGRETARY OF STATE RALLAHASSEE. FLORIO		
		Address	27 27 55E
	Per PA		
		Miami Lakes, FL 33014 City/State and Zip Code	2: 2 OR
	E-mail addres	orge@kcpartnersllc.com s: (to be used for future annual report notification)	
For further info	rmation concerning this matter, pleas	•	
	Jorge Fernandez	at (305) 825-1690	
	Name of Person	Area Code & Daytime Telephone Numb	per
Enclosed is a cl	neck for the following amount:		
✓ \$25,00 Filin	g Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified Copy	Filing Fee, cate of Status & ed Copy onal 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

	KC PART	NERS				
(<u>Nam</u>	e of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)			
-	this Limited Liability Company v	were filed on	10/11/2005	and a	ssigned	
Florida document number	L05000100152					
This amendment is submitted to	amend the following:					
A. If amending name, enter the	ne new name of the limited liabil	lity company here	.		÷	
			ı		-	
The new name must be distinguish "L.L.C."	nable and end with the words "Limite	ed Liability Compan	y," the designation	*##G" of the *##\$38 ************************************	abbreviation	
_					i i	
Enter new principal offices ad	•••				- F ()	
(Principal office address MUS	<u> I BE A STREET ADDRESS)</u>					
				28 28		
Enter new mailing address, if	applicable:					
(Mailing address MAY BE A F	OST OFFICE BOX)					
	·					
			1			
B. If amending the register	ed agent and/or registered offi w registered office address here	ice address on ou	ır records, <u>ente</u> ı	the name	of the new	
registered agent and/or the ne	w registered office address here	•				
Name of New Registe	red Agent:					
Traine of New Registe	ed Agent.					
New Registered Office	Address:	ri .	F71 1 1			
		Enter Florida street address				
			, Florida _			
		Citv		Zin Co.	de	

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> Name Address **Type of Action** MGR Gerardo Romaguera 5979 NW 151 Street, #102A Miami Lakes, FL 33014 ☐ Add Remove ☐ Add Remove ∑□⊼da Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 23 2012 Dated _____ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00