

LO5000112344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

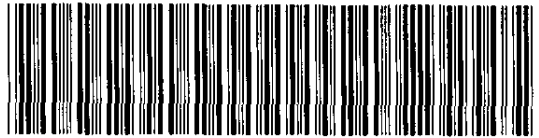
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600160929206

10/15/09--01005--005 **30.00

09 OCT 15 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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 Capital, LLC. -L04000090769

We are including a check in the amount of \$ 30.00 to pay for the filing fee and Certificate of Status .

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,

A handwritten signature in black ink, appearing to read 'R. Rivaflecha'.

Rosa Rivaflecha
Corporate and Clients Department Assistant

801 Brickell Avenue, 16th Floor
Miami, Florida 33131 USA
t: 305.381.8340 f: 305.381.8334
info@prs-efg.com

prs-efg.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAPAX REGPI, LLC.
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 RIVAFLEHCA
Name of Person
PRS INTERNATIONAL
Firm/Company
801 BRICKELL AVE., 16TH FLOOR
Address
MIAMI, FL 33131
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:

Rosa Rivaflecha at (**305**) **381-8340**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

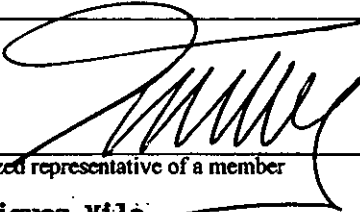
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos A. Zumpano	1015 Placetas Avenue Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Emil R. Infante	1121 Hardee Road Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gerald Wood	801 Brickell Avenue 16th Floor Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 7, 2009



Signature of a member or authorized representative of a member

Fernando Rodriguez Vila
Typed or printed name of signee

FILED
 09 OCT 15 AM 8:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA