## L05000112344

(Re	equestor's Name)	<u></u>
(Ac	idress)	
(Ac	ddress)	~ · · · · ·
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
, (Do	ocument Number)	)
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE



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,

₩.B.

Rosa Rivaflecha

Corporate and Clients Department Assistant

## **COVER LETTER**

то:	Registration Se Division of Cor						
SUBJE	CCT:	KAPAX	( REGPI, LLC.				
	<u> </u>	Name of Limi	ted 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				<u></u>			
Firm/Company							
	801 BRICKELL AVE., 16TH FLOOR						
			Address				
			MIAMI, FL 33131 City/State and Zip Code				
		r.r	ivaflecha@prsint.com				
		E-mail address: (	to be used for future annual report not	tification)			
For furt	ther information c	oncerning this matter, please c	eall:				
		sa Rivaflecha	at ( 305 )	381-8340			
	Name o	f Person	Area Code & Dayti	me Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)			
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
09 OCT 15 AMH: 44

SECRETARY OF STATE

KAPAX RE	EGPI, LLC.		1996E1:LEOKINA
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL05000112344	y were filed on11/2	21/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Name remain	ns the same		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	801 Brickell Avenue		
(Principal office address MUST BE A STREET ADDRESS)	16th Floor		
	Miami, FL 33131		
Enter new mailing address, if applicable:	801 Brickell Avenue	l	
(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	re: od Il Avenue, 16th Floor <i>Enter Flor</i>	ords, <u>enter t</u>	ress
	Miami	_, Florida	33131
	City		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
			☐ Add ☐ Remove
			Add
D. If ai	mending any other information, en	ter change(s) here: (Attach additional sheets, if n	
			09 OCT 15 SECRETAR) TAULAHASS
Dated	October 7	, <u>2009</u>	Y OF STATE EE. FLORIDA
	Signature of	a member or authorized representative of a member	
	<del>,</del>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00