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EXAMINER



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SECRETARY OF SHALE

COVER LETTER

TO;	Registration Se Division of Cor				
SUBJE	ECT:	KRA	Offices, LLC		
		Name of Limi	ited Liability Company	- 	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
Jos		Jose	Antonio Perez Helguera		
			Name of Person		
			KRA Offices, LLC		
			Firm/Company		
 			. Bayshore Drive, Suite 200		
			Address		
			liami, Florida 33133		
·			City/State and Zip Code		
F-mail address:			p@396alhambra.com to be used for future annual report notifica	ation)	
For fur	ther information co	oncerning this matter, please c			
	Jose Anto	nio Perez Helguera	at (305) 4	42-0396	
Name of Person			Area Code & Daytime Telephone Number		
Enclose	ed is a check for th	ne following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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			STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KRA Offices, LLC				
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited I Florida document numberL0600004	• • •	April 20, 2006	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company h	ere:			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Com	pany," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if appli	cable:	-			
(Principal office address MUST BE A STRE	ET ADDRESS)		5 × ×		
Enter new mailing address, if applicable:			CRETARY P		
(Mailing address MAY BE A POST OFFICE	<u></u>		AH COOR AND		
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter t	he name of the new		
Name of New Registered Agent:	0004.0.0.1.0.1.0.1.000				
New Registered Office Address:					
	<u>Miami</u>	, Florida	33133		
Now Desired A	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 **Title** <u>Name</u> Address Type of Action MGR Eduardo Avila 2601 S. Bayshore Dr., Suite 200 ✓ Remove Miami, Fl 33133 Carlos Avila MGR 2601 S. Bayshore Dr., Suite 200 Remove Miami, FI 33133 Agave Coconut Properties LLC MGR c/o Abelman Frayne & Schwab 666 Third Avenue, 10th Floor ____ Remove New York, NY 10017 □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 3 Dated _____ Signature of a member or authorized representative of a member Eduardo Avila Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00