106000085812

(Re	equestor's Name)	
		•
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	· ·#)
PICK-UP	_	MAIL.
. (Bu	ısiness Entity Narr	ne) .
(Do	ocument Number)	
Certified Copies	_ ·Certificates	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



700157863727

07/06/09--01029--025 **25.00

tuse existing tools ****20 no**

FILED
2009 JUL -6 PH 12: 10
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SUL 7 2009

EXAMINER

COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey Taraboulus Schortzer De La Ture, Tora boulos & Co. Miami, FL 33156 Ttarabou os@Ksd+-coa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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)

S60.00 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	incial,				
(<u>Name of the Limited Liz</u> (A Flo	ibility Company orida Limited Liab	as it now appears o pility Company)	n our records.)		
The Articles of Organization for this Limited Liabin Florida document number	lity Company wo	ere filed on	3/31/2000	6_ and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabilit	y company here:			
KSDT Fir	nancial	, LLC			•
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited	Liability Company,	"the designation "l	LLC" or the abbr	eviation
Enter new principal offices address, if applicable	e:	Samo	2	ECR. S	
(Principal office address MUST BE A STREET A	(IDDRESS)			P. P. 6	<u>'m</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u></u>	Same	2	EF. FLORIDA	5. 5. 6.
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter	the name of t	ne new
Name of New Registered Agent:	KSDT	- Hold:	ings, L	LC	
New Registered Office Address:	9400	S. Dad Enter	Florida street add	BlVd	<u>#601</u>
-	Mic	hm)	, Florida	3315	6
New Degistered Agent's Signature if changing Reg	istered Agent:	Сиу		Lip Code	

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.

Registered Agent, Signature of New Registered Agent

Page 1 of 2

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** Address <u>Name</u> Type of Action KabaT, ScherTzer, De LG Torre, Taraboulus &co. Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

Page 2 of 2

tirey Taraboulos
Typed or Frinted name of signee

Filing Fee: \$25.00