LD10000109778

(Requestor's Name)			
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(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ PICĶ-UP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Sasmoss Linty Name)			
(Document Number)			
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01/18/08--01028--013 **30.00

SECRETARY OF STATE

COVER LETTER

	tion Section of Corporations	
SUBJECT:	KALET (Name of Li	THURMAN, LLC mited Liability Company)
	eles of Amendment and fee(s) are s	200000101110
Please return all co	orrespondence concerning this matt	er to the following.
		DAY BRIC GOLD
		(Name of Person)
		KAREN THURMAN LLC
		(Firm/Company)
		(Firm/Company) 410 SOUTH HIBISCUS DRIVE MIAM BEACH FL 33139 (Address)
		(City/State and Zip Code)
For further informa	ation concerning this matter, please	call:
. 3	Name of Person)	at (203) 297 -0555 (Area Code & Daytime Telephone Number)
Enclosed is a check	c for the following amount:	
\$25.00 Filing F	ee \$\overline{\text{X}}\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N	AAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
P	2.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flori	ida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number _ Loboon (ty Company were filed on	11/13/06	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	limited liability company her	<u>'e</u> :	
COBALT KEY	STRATEGIES,	LLC	
The new name must be distinguishable and end with the "L.L.C."			"LLC" or the abbreviatio
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on o address here:	our records, <u>ente</u>	the name of the nev
•			
Name of New Registered Agent:			
New Registered Office Address:			
	(Er	nter Florida street d	address)
		_, Florida _	
·	(City)	_, Florida ((Zip Code)
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	and complete performance of agent as provided for in Ch ered office address, I hereby	of my duties, and apter 608, F.S. O	I am familiar with and ir, if this document is limited liability
			2008 J
	(If Changing Registered Age		Registered Agent)
	Page 1 of 2		ILED 18 PM 12: 2 ASSEE, FLORI
	- ugc I UI 2		≃∃ <i>N</i>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
-		·	Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If amer	nding any other informatio	n, enter change(s) here: (Attach additional sheet	s, if necessary.)
			·
Dated	1/15/08	1. 2. 2.20	
	Signat	ure of a member or authorized representative of a men	2008 JAN 18 SECRETAR
		lyped or printed name of signed Page 2 of 2	AN IE

Filing Fee: \$25.00