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C. LEWIS

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EXAMINER

## **COVER LETTER**

	stration Section sion of Corporations	**,			
SUBJEGT: _	Kane Technology Adv	Kane Technology Advisors, LLC			
	Name of Limited Liability Co				
The enclosed A	Articles of Amendment and fee(s) are submitted for filin	g.			
Please return al	all correspondence concerning this matter to the following	ng:			
	Monte I	Kane			
	Name of	Person			
	Kane Technology	Advisors, LLC			
	Firm/Cor				
	1101 Brickell Aven	ue Suite M-101			
r	Addre				
*					
• • •	Miami, FL City/State and				
	·				
	E-mail address: (to be used for fut	ure annual report notification)			
For further info	formation concerning this matter, please call:	,			
•	Monte Kane at ( 3	05 <sub>)</sub> 789-7900			
· • • • • • • • • • • • • • • • • • • •	Name of Person at ( 5	Area Code & Daytime Telephone Number			
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Enclosed is a cl	check for the following amount:				
	ing Fee \$\ \sqrt{\$30.00 Filing Fee &\$55.00 F}\$  Certificate of Status Certifie				
^%_ <b>g</b> Y**	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 TO ARTICLES OF ORGANIZATION OF

FILED

2010 AUG -9 PM 8: 88

Kane T (Name of the Limited Lin (A Fig.	echnology Advisors bility Company as it now ar orida Limited Liability Compa	opears on our recor	JSECRETARY DE STATE MASSEE: FLORIDA	
The Articles of Organization for this Limited Liabi Florida document numberL0700001425		February 7,	2007 and assigned	
This amendment is submitted to amend the following name, enter the new name of the		here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Co	ompany," the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records,	enter the name of the new	
		•	,	
Name of New Registered Agent:		:		
New Registered Office Address:	*			
	Enter Florida street address			
	. Florida			
_	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 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 **Name Address** Type of Action MGR Angel Miranda 1101 Brickell Avenue, Suite M-101 ✓ Add Miami, FL 33133 Remove ☐ Remove ☐ Add ☐ Remove ∏ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 4 2010 Dated Signature of a member or authorized representative of a member WONTE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00