

L07000051256

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

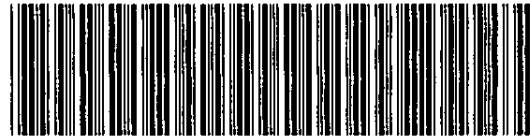
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MAY 21 2012
EXAMINER



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05/18/12--01024--004 **25.00

12 MAY 18 PM 3:59
DIVISION OF CORPORATIONS

CHERYL JULIEN KAUFMAN, PA

May 16, 2012

Via FedEx

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

Re: Epic 52, LLC and Kapa, LLC

Ladies/Gentlemen:

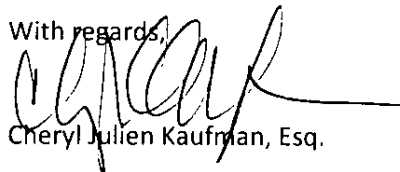
Enclosed please find the cover letter and Articles of Amendment to the Articles of Organization of Epic 52, LLC together with a check for \$25.00 to cover the filing fee.

Also, enclosed please find the cover letter and Articles of Amendment to the Articles of Organization of Kapa, LLC together with a check for \$25.00 to cover the filing fee.

If you have any questions or need to reach me please feel free to call me at 305.854.0500 or email me at cheryl@kaufmantitle.com.

Thank you very much.

With regards,



Cheryl Julien Kaufman, Esq.

12 MAY 18 PM 3:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kapa, LLC
Name of Limited Liability Company

12 MAY 18 PM 3:59
RECEIVED
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Julien Kaufman, Esq.
Name of Person

Cheryl Julien Kaufman, PA
Firm/Company

2340 S. Dixie Highway
Address

Miami, FL 33133
City/State and Zip Code

cheryl@kaufmantitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Kaufman at (**305**) **854-0500**
Name of Person Area Code & Daytime Telephone Number

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)
- \$60.00 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
TO
ARTICLES OF ORGANIZATION
OF**

Kapa, LLC

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

FILED
SECRETARY OF STATE
12 MAY 18 PM 3:59
DIVISION OF CORPORATE FILINGS

The Articles of Organization for this Limited Liability Company were filed on May 14, 2007 and assigned
Florida document number L07000051256.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
mgr	Nicola Schon	1200 Brickell Ave. Suite 950 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Christian S. Parth	2000 Biscayne Blvd. Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 16, 2012

 Signature of a member or authorized representative of a member
 Christian S. Parth, authorized representative of a member

 Typed or printed name of signee