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(Reque	estor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates	s of Status	
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SECRETARY OF STATE
ANALYSEE FLORIDA

M. THOMAS

MAR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KRYSTAL ZOAL ESTATE HOLDINGS, LLC (Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Person)				
KRYSTAL REAL ESTATE HOLDINGS LLC (Firm/Company)				
9000 8HERIDAN 87 # 134				
PEMBROKE PINES R 33024 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Richard D. Wricart Te. at (984) 966-2051 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) 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

KRYSTAL RUAL ES	Company as it now appears on our imited Liability Company)	s Luc		
(A Florida L	imited Liability Company)	records.		
The Articles of Organization for this Limited Liability Co	ompany were filed on 8-1	and assigned		
Florida document number	•	90		
LO7 0066 79009		超畫		
This amendment is submitted to amend the following:		23		
A. If amending name, enter the new name of the limit	ted liability company here:	SE P		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u> </u>	/_		
(Principal office address MUST BE A STREET ADDR.	ESS)	· .		
	<u> </u>			
Enter new mailing address, if applicable:	~	/_		
(Mailing address MAY BE A POST OFFICE BOX)		 		
	•			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the new		
Name of New Registered Agent:	n/1	•		
New Registered Office Address:		,		
	(Enter Florida street address)			
	, Florida			
	(City)	, Florida(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)

	nager Ianaging Member		
Title	Name	<u>Address</u>	Type of Action
MCRM	DWAINETTE MEKEN ZIE	5241 8W 138 TERR MIRAMAR, PR 33027	Add Remove
			Add Remove
			Remove Remove Add Remove Add Remove Remove
<u>·</u>			Add Property States
			Add 79 Remove
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D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
			<u> </u>
		•	
Dated	Signature of a member	or authorized representative of a member	
	RILLARS D. W.		

Page 2 of 2

Filing Fee: \$25.00