

LO8000035094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

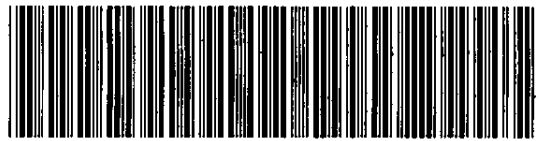
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 19 PM 2:30

FILED

S. HAWKES

OCT 20 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** K Alliance, 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:

Mimi Kwan-Nguyen  
Name of Person

K Alliance, LLC  
Firm/Company

2203 N Lois Ave, Ste 1210  
Address

Tampa FL 33607  
City/State and Zip Code

mimi.kwan@cbtplanet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mimi Kwan-Nguyen at ( 813 ) 316-4390 ext 227  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

K Alliance, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/07/2008 and assigned  
Florida document number L08000035094.

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:

Mimi Kwan-Nguyen

New Registered Office Address:

2203 N. Lois Ave, Ste 1210

*Enter Florida street address*

Tampa

*City*

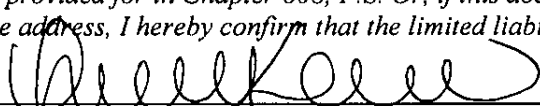
Florida

33607

*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

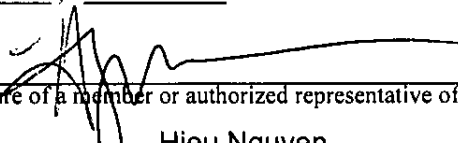
| <u>Title</u> | <u>Name</u>      | <u>Address</u>                               | <u>Type of Action</u>                                                      |
|--------------|------------------|----------------------------------------------|----------------------------------------------------------------------------|
| Pres         | Hieu Nguyen      | 2203 N. Lois Ave, Ste 1210<br>Tampa FL 33607 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| Pres         | Mimi Kwan-Nguyen | 2203 N. Lois Ave, Ste 1210<br>Tampa FL 33607 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 16, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
\_\_\_\_\_  
Hieu Nguyen  
\_\_\_\_\_  
Typed or printed name of signee