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EXAMINER



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EXAMINER

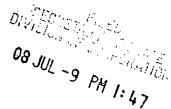
COVER LETTER

Division of Corporations
SUBJECT: K2 Graphics 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:
LAVAR BROWN (Name of Person)
KZ Graphics, LLC
5410 Lyons Rd., Suite 304
Coconut Creek, FL 38073 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 775 - 4379 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Certified Copy (additional copy is enclosed) S25.00 Filing Fee Certified Copy (cadditional 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



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(Name of the Limited Liability Compa- (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L-0800061646</u>	were filed on June 21th, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ílity company here</u> :
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sylo Lyons Rd. Apt. 30 y Coconut Creek, FL 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5410 Lyons Rd. Suite 304 Coconut Creek, FL 33073
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

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>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
			_	
	July 7th, 20	208		
Dated		r or authorized representative of a member		
	-	AR BROWN		

Page 2 of 2

Filing Fee: \$25.00