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D. BRUCE

SEP 2 2009

EXAMINER

COVER LETTER

TO:	Registration So Division of Co		·		
, SUBJI	ect.	KENJI MA	NAGEMENT, LLC		
30001			ted Liability Company		-
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			SHIRO VICTOR Name of Person		_
			Name of Person		
KENJ			IJI MANAGEMENT, LLC		<u> </u>
			Firm/Company		
188			351 NE 29TH AVE. 734		
			Address	······································	
	AVENTURA, FLORIDA 33180 City/State and Zip Code				O9 SI SECR
VSHIRO@KENJICO.COM E-mail address: (to be used for future annual report notification)				ARY -	
For fur	ther information of	concerning this matter, please of	•	meanon)	ILED -1 AH IO: 58 ARY OF STATE (SSEE, FLORID)
	SH	IRO VICTOR	at (786)	8379770	58 RIDA
	Name o	of Person		me Telephone Num	ber
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi ed) Certifi	Filing Fee, cate of Status & icd Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENJI N	<u>MANAGEMENT, LL</u>	C		
(Name of the Limited Liabili (A Florid	ity Company as it now appe: a Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL0900016002			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	ere:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	•			
(Principal office address MUST BE A STREET ADI	ORESS)		* . · · · · · · · · · · · · · · · · · · 	
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 ad		our records, enter the	SEP - F	
Name of New Registered Agent:	uress here:			
Name of New Registered Agent:			,, ,, , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	E	nter Florida street addr	ess	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action **MGMR** LIPSHITZ SHELDON 221 S 12TH ST. APT 503N Remove PHILADELPHIA PA 10107 **BAIGELMAN JOANNA** MGMR 3301 NE 183RD ST. UNIT 709 Add AVENTRA, FL 33160 Remove \square Add _ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 27** 2009 Dated ____ Signature of a member or authorized representative of SHIRO VICTOR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00