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S. HAWKES

OCT 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	SUBJECT: KOHNIG LLC				
	Name of Lim	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	RAMA	CHANDRAN BALARAMAN			
		Name of Person			
	MA	NEY & GORDON, P.A.			
		Firm/Company			
	94	21 TRADEPORT DR.			
		Address			
	C	DRLANDO, FL 32827			
		City/State and Zip Code	-		
,	E-mail address: (t	o be used for future annual report notificatio	n)		
For further information	concerning this matter, please c	•	,		
54446114	NIDDANI DALI ADALAM				
	NDRAN BALARAMAN of Person	at (407) 857 Area Code & Daytime Tele	7-1300		
	01.1.000.	indu code de Bayinne Tox	phone (valido)		
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)		
Regis	LING ADDRESS: tration Section	STREET/COURIER A Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KOHNIG LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on		
This amendment is submitted to amend the follow A. If amending name, enter the new name of the	•	SECRETAL 2	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compan	y," the designation "LIS" or the abbravaio	
Enter new principal offices address, if applicab	le:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the nev	
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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RICARDO BERNARDINI	10524 MOSS PARK RD STE, 204-244 ORLANDO, FL 32832	Add ✓ Remove
MGRM	ANA VELIA LARA	10524 MOSS PARK RD STE, 204-244 ORLANDO, FL 32832	Add Remove
			☐ Add ☐ Remove
			Adda Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if ne	Add Remove
_			
Dated 0	allelle	2 9 .	
		er or authorized representative of a member	
		NA VELIA LARA	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00