L09000046075

(Requestor's Name)				
(Address)				
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SECRETARY OF STATE
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COVER LETTER

10.	Division of Co				
SHR IEA	CT.				
SUBJE	Name of Limited Liability Company			_	
The encl	losed Articles of	f Amendment and fee(s), are sul	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
			Tammy Perez	_	
			Name of Person		
Keta Management, LLC				器。	
			Firm/Company	APR O	
	7005 W 17th Ct Address				
			Address	NOV 10 PH 4	
	Hialeah, FL 33014				
			City/State and Zip Code		
		tperez E-mail address: (z@ketamanagement.com to be used for future annual report notification)	_	
For furth	ner information	concerning this matter, please of			
		ammy Perez	at (305) 989-8776 Area Code & Daytime Telephone Num	h	
	Name	or reison	Area Code & Daytime Telephone Num	bei	
Enclosed	d is a check for t	the following amount:			
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section	STREET/COURIER ADDRESS Registration Section	:	
		lox 6327	Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301



Change Group Manbonent FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2010

TAMMY PEREZ KETA MANAGEMENT, LLC 7005 W 17TH CT HIALEAH, FL 33014

SUBJECT: KETA MANAGEMENT, LLC

Ref. Number: L09000046075

We have received your document for KETA MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word 'Limited' may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #L02000023991, ALLIANCE MANAGEMENT GROUP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 810A00025760

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SECRETARY OF STATE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keta Mana	gement, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	May 12, 2009	and assigned	
Florida document numberL0900046075				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company her	<u>·e</u> :		
Alliance Group M		· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			SEC.	
(Principal office address MUST BE A STREET ADDRESS)	7800 C		AR S	
			ARR O	
			E P	
Enter new mailing address, if applicable:			S F D	
(Mailing address MAY BE A POST OFFICE BOX)			ATE 25	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the new	
registered agent and/or the new registered office address in	<u>cre</u> .			
Name of New Registered Agent:		 -		
New Registered Office Address:	p	tou Florida atuant ad	duana	
	Enter Florida street address			
	Citv	, 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

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 Type of Action Title Address Name Thamara Perez MGRM ✓ Add ☐ Remove 7005 W 17th Ct Hialeah, FL 33014 Antonieta Bsalis MGR **✓** Add 8132 NW 116th Avenue Remove Doral FL 33178 MGR Tammy Perez 7005 W 17th Ct ☐ Add Hialeah, FL 33014 ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 27 Dated ___ Signature of a member or authorized representative of a member Thamara Perez

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00