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SECRETARY OF STATE

J. BRYAN

NOV 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: KAPIT		ACHE INTERNAT	TONAAL, LLC	
	Name of Lin	nited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are su	ubmitted for filing.		
Please return all correspond	dence concerning this matte	er to the following:		
		LARRY J. HERRING	ı	
		Name of Person		•
		Firm/Company		SE SE
611 NORTH WYMORE ROAD, SUITE 100			经营工	
		Address		-9 PH 2: I
	WINTER PARK, FL 32789 City/State and Zip Code			
INFO@HERRINGCPA.COM E-mail address: (to be used for future annual report notification)				
For further information con-		•	port notification)	>
			2	
Name of Po	J. HERRING	at (407)	647-7777 & Daytime Telephone Numbe	
Name of 1		Anda Code o	- zaj mne reseptione (1411100	•
Enclosed is a check for the	following amount:			

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

√\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAPITAAL BATES ATTACHE INTERNATIONAAL, 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 Li	ability Company were filed on _	AUGUST 18, 2009 and assigned	
Florida document numberL09000079			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>nere</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	POV)		
	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered of		n our records, enter the name of the new	
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 = Managing Member **Title** Name **Address Type of Action** YMA CAPITAL INVESTMENTS, LLC MGRM 611 N. WYMORE ROAD, SUITE 100 ✓ Add WINTER PARK, FL 32789 Remove MZB CAPITAL INVESTMENTS, LLC MGR 611 N. WYMORE ROAD, SUITE 100 ✓ Add WINTER PARK, FL 32789 ☐ Remove ☐ Remove Add Remove $\prod Add$ ☐Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE V. Title change - BAG Capital Investments, LLC from MGRM to MG **MGR** BAG CAPITAL INVESTMENTS, LLC 611 N. WYMORE ROAD, SUITE 100 WINTER PARK, FL 32789

Signature of a member or authorized representative of a member

BEORGE F. DU PRÉEZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00