#209000097836

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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K. SALY EXAMINER

SEP 1 3 2013

COVER LETTER

TO:	Registration Section
	Division of Corporations

SHRIECT.

KBAA, 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:

Amarilys Bocz

Name of Person

KBAA, LLC

Firm/Company

7850 oak grove circle

Address

Lake Worth, FL 33467

City/State and Zip Code

broker@kbaarealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amarilys Bocz

at (305) 904-0245

Name of Person

Area Code & Daytime Telephone Number

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)

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



KBAA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I.	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000097836</u> .	were filed on 1082009 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
KBAA Realty LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	Amarilys Bocz	
(Principal office address MUST BE A STREET ADDRESS)	7850 Oak grove circle	
	lake worth FI 33467	
Enter new mailing address, if applicable:	Amarilys Bocz	
(Mailing address MAY BE A POST OFFICE BOX)	7850 Oak grove circle	
	Lake Worth FI 33467	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		f the new
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Amarilys Bocz	7850 Oak grove circle	Add
		Lake Worth FI 33467	Remove
MGRM	Andrew Bocz	7850 oak grove circle	Add
		Lake Worth, FI 33467	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

•	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The current status of Amarilys Bocz and Andrew Bocz is as Managers but they need to be MANAGER MEMBER			
ted September 5	2013			
teu				
	X KANA			
Signa	ture of a member of authorized representative of a member			
	AMARILYS BOCZ.			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00