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(Keque	estor's Name)	
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PICK-UP	MAIT	MAIL	
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Certified Copies	Certificate	es of Status	
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

THAT 27 PM 1:58

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):					
KAPITOL I	NVESTMENTS LLC				
(Corporation Name)	(Document #)				
3. (Corporation Name)	· · · · · · · · · · · · · · · · · · ·				
(Corporation Name)	(Document #)				
(Corporation Name)	(Document #)				
Walk in Pick up time Mail out Will wait	Photocopy Certificate of Status				
NEW FILINGS	<u>AMENDMENTS</u>				
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
OTHER FILINGS	REGISTRATION/QUALIFICATION				
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement				
	Trademark Other				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

144 C. CAROSCALION

(Name of the Limiter	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L	.iability Company were filed on	10/21/09 and assigned
Florida document number	1727	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	erc:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	· ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
	City	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANDRES R. MARMOLEJOS FERNANDEZ	7803 S.W. 193rd Street Miami, Fl. 33157	Add Remove
			Add Remove
st			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	· .
			<u>.</u>
_			
Dated <u>M</u>		·	
		ARMOLEJOS FERNANDEZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00