Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000264186 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062 : (323)962-8600 Phone

: (323) 962-3889 Fax Number

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|--|--|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **KWANINI? LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

C. LEWIS

DEC 282009

EXAMINER

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FAX COVER SHEET

| то | | |
|------------|-------------------------|--|
| COMPANY | | |
| FAX NUMBER | 18506176383 | |
| FROM | Lori Castille | |
| DATE | 2009-12-24 07:26:39 PST | |
| RE | Amendment Filing | |

COVER MESSAGE

LZ ORder # 6701319

Thank you.

Page 1 of 5

COVER LETTER

| TO: Registration Section Division of Corporation |) t- \$ | | |
|--|---|--|--|
| SUBJECT: KWANINI? LL | c | | |
| | (Name of Lim | ited Liability Company) | |
| The enclosed Articles of Amend | | ~ | |
| Please return all correspondence | concerning this matter | to the following: | |
| <u>Tor</u> | ny Burroughs | | |
| | | (Name of Person) | |
| Leg | galzoom.com, Inc. | | |
| | | (Firm/Company) | |
| 708 | 83 Hollywood Blvd | d., Suite 180 | |
| | | (Address) | |
| Lo | s Angeles, CA 90 | 0028 | |
| , | | (City/State and Zip Code) | |
| For further information concern | ing this matter, please c | ati: | , *S. |
| Tony Burroughs | | at (323) 962-8600 | |
| (Name of Perso | 0) | (Area Codo & Duytime 1 | 'etephone Number) |
| | | | A |
| Enclosed is a check for the follo | wing amount: | | |
| \$25.00 Filing Fee \$35 | 30.00 Filing Fee & Certificate of Status | S55.00 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

FILED

2009 DEC 24 AM 8: 17

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| KWANINI? LLC (Name of the Cimited Liability) | Company as it now appears on imited Liability Company) | our records.) | | |
|--|--|---|--|--|
| (A Chorida Di | mited English Company) | • | | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 11/20/2 | 2009 and assigned | | |
| Florida document number <u>L09000111733</u> | - • | 1 | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | | |
| The new name must be distinguishable and end with the word "L.L.C;" | s "Limited Liability Company," | the designation "LLC" or the abbreviation | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | records, enter the name of the new | | |
| Name of New Registered Agent: | | 5 | | |
| New Registered Office Address: | | | | |
| Ter Tegraters Miles Andrews. | (Enter Florida street address) | | | |
| | | Florido | | |
| E-PERSONAL AND | (City) | , 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, S | ignature of New Registered Agent) | | |

o. Page 3 013

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:

| | = Manager: A = Managing Member | | |
|---------------|---------------------------------------|---|-----------------------|
| Title · | <u>Name</u> | Address | Type of Action |
| | | | |
| · | · | | Add Rémove |
| | | | Add Remove |
| | · · | | provide |
| . | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| | | | Addi Remove |
| D. If a | | hange(s) here: (Attach additional sheets, if nece | ssary.) |
| | | 7th Ave., Apt. F10, Miami, FL 33155 | |
| | Article V. The address of the ma | naging members shall be: | |
| | 4726 S.W. 67th Ave., Apt. F10, M | Miami, FL 33155 | |
| Dated_ | Da. 18th . 2 | Jaka- | 2009 DEC 24 SECRE ARS |
| | Yuki Asakawa, managing mer | mber or authorized representative of a member mber yped or printed name of signee | |
| | | Page 2 of 2 | REFELORIO |
| | | Filing Fee: \$25.00 | RIGA I |