L10000029689

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SECRETARY OF STATE SALLAHASSEE, FLORIDA

J. BRYAN

NOV - 9 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	K.A.C.T.(Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	_ Nicolas M	ONTES Name of Person	
		Firm/Company	TALLY TO NO.
	1228 West	AVL. Apt. #1413	10 NOV -8 PH 3: 38 SECRETARY OF STATE TALLAHASSEE, FLORID
	MIRMI Ber	City/State and Zip Code	TARY OF STATE
	MICMONN E-mail address: (IAC YANDO. COM	tion)
For further information	concerning this matter, please of		
Nicolas Name	Montes of Person	at (30) 538 - 5 Area Code & Daytime T	013 Celephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & 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

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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

(Name of the Limited Liab (A Flori	TOOS	ny as it now appears on ou Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L1000002968</u>	ty Company	were filed on $03/1$	7/2010 and assigned		
This amendment is submitted to amend the following	g:		2000		
A. If amending name, enter the new name of the	limited liab	ility company here:	SERGE BY		
$\Delta \mathcal{M}$			ربن کی ک		
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Company," the	e designation "LLC" or the abbre lation		
Enter new principal offices address, if applicable:	:	100 BACKUL	Ave. Suite 715		
(Principal office address MUST BE A STREET AL	ODRESS)	MIAMI, FC	33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
	"				
B. If amending the registered agent and/or registered agent and/or the new registered office a	address her		cords, <u>enter the name of the new</u>		
Name of New Registered Agent:	NA				
New Registered Office Address:	A/N				
	Enter Florida street address				
			, Florida		
		City	Zip Code		
New Registered Agent's Signature, if changing Regis	tered 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>	Name	Address	Type of Action
MGR	Diana Franco	217 ROCK GLEN ROAD INVINIEWOOD P.A. 19096	Add Remove
MGR	<u>kactoos Group</u> Luxembourg S.A.	3A RUE GUILLAUME KROII 1882 LUXEMBOURG Grand Duchy of Luxembo	Add Remove
			Add Remove
		•	Add Remove
			Add
			TALL Remove
	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	8 PH 3: 38 SSEE FLORIDA
Dated	ovember 1 . 2	2010	
	Signature of a me	mber or authorized representative of a member	
	NICOLAC Montes	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00