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(R	(equestor's Name)	
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(C	city/State/Zip/Phone #)	
PłCK-UP	☐ WAIT	MAIL
(E	dusiness Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of	Status
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B. KOHR

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EXAMINER



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11/15/12--01006--006 **25.00

TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registrati

ion Section **Division of Corporations**

KED Investment Fund 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:

Alejandro Milano

Name of Person

MGR

Firm/Company

260 Crandon Blvd Ste 52

Address

Key Biscayne, FL 33149

City/State and Zip Code

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

For further information concerning this matter, please call:

Benjamin Rosales

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

KED Investment Fund 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 Lial	bility Company v	vere filed on 05/28/2010	apd assigned
Florida document number <u>L10000057869</u>	•		RICA
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi			enter the name of the new
Name of New Registered Agent:	 		
New Registered Office Address:			
		Enter Florida st	reet address
			orida
		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 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>	Address	Type of Action
MGR	Alejandro Milano	260 Crandon Blvd	Add
		Suite 52	Remove
		Key Biscayne, FL 3314	19
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
			Remove
			Add
			Remove
			- -
			Add
			Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated Nov	vember 09 2012 _N
	St Con-
	Signature of a member or authorized representative of a member
	Alejandro Milano
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00