

# L10000061703

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H12000291709 3)))



H120002917093ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LAZARDUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

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

Email Address: \_\_\_\_\_

RECEIVED  
12 DEC 12 AM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEMASI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 12 AM 7:30

Electronic Filing Menu    Corporate Filing Menu    Help

DEC 13 2012

T. HAMPTON

H12000291709

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

12 DEC 12 AM 7:30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

KEMASI 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 Liability Company were filed on APRIL 24, 2012 and assigned Florida document number L10000061703

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FERNANDO LOPEZ

New Registered Office Address:

2020 PONCE DE LEON BLVD STE 905B

Enter Florida street address

CORAL GABLES

Florida 33134

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.

*Fernando Lopez*  
If Changing Registered Agent, Signature of New Registered Agent

H12000291709

H12000291709

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

Title	Name	Address	Type of Action
MGR	FERNANDO LOPEZ	2020 PONCE DE LEON BLVD STE 905B	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
MGR	CONRAD KULATZ	633 SE 3RD AVE #4R	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H12000291709

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 12 AM 7:30

10/24/2030 06:40

#1492 P.004/004

H12000291709

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---



---



---

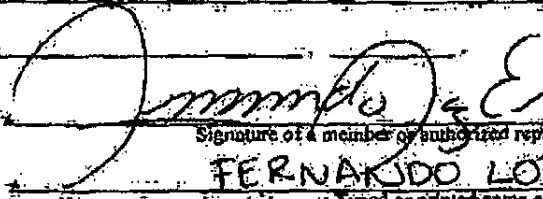


---



---

Dated



Signature of a member or authorized representative of a member

FERNANDO LOPEZ

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12 DEC 12 AM 7:30

H12000291709