L11000001554

(Re	questor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO:

Registration Section Division of Corporations

KS & AS INVESTMENTS, 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:

JOE A. CATARINEAU, ESQ.

JOE A. CATARINEAU, PA

Firm/Company

91750 OVERSEAS HIGHWAY

Address

TAVERNIER, FL 33070

City/State and Zip Code

JOE@TAXCATCPA.COM

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

For further information concerning this matter, please call:

JOE A. CATARINEAU

at (305)852-4833
Area Code & Daytime Telephone Number

Name of Person

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

KS & AS INVESTMENTS, 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 Liabilit Florida document number L11000001594	y Company were filed on 01/05/2011	ar	nd assig	ned
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 "L.L.C."	words "Limited Liability Company," the designation	"LLC" o	r the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
	 			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	gistered office address on our records, enter	the na	ime cot	the new
registered agent and/or the new registered office a	ddress here:		930	
Nama of Naw Paristand Agents		188	$\frac{1}{3}$	्राहरू इंग्लिक्स
Name of New Registered Agent:		17:5	Des La	~ "F"
New Registered Office Address:	Enter Florida street a	ddraee	· <u>-</u>	भ ह
	. Florida	Dir.	52	" years."
_	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, 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
MGRM	STEINMAN, EZEQUIEL P.	2234 WESTON ROAD #219	Add
		WESTON, FL 33326	Remove
MGR	BELTRAME, MARIANO	7545 E. TREASURE DR. 4C	Add
		MIAMI, FL 33141	Remove
			- Add
			Remove
			Add "
		Ties of the second seco	Remove
		RD, A	Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
DECEMBER 18 2013
Dated DECEIVIBER 18
[-/a// h
Signature of a prember or authorized representative of a member
JOE A. CATARINEΑÚ, ESQ.
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

ALLAHASSEE, FLORIDA