## 11000030825

(Red	questor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
NOV 1 4 2012				
L. SELLERS				

Office Use Only



700241405047

11/08/12--01006--015 \*\*25.00

12 NOV -8: PH 4: 49
SECRETART OF STATE
AND ARSEL FLORIDA

## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJI	ECT:	mckat	fka PM, LLC		
	<u></u>		ted Liability Company		<del></del>
The en	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			Jaqui Levy Hara		
			Name of Person		
			mckafka PM, LLC		
Firm/Company					
209			0 NE 30 th Ave Suite 60	03	
			Address		
			Aventura, FL 33180		
			City/State and Zip Code		
		jac	quigruz@hotmail.com o be used for future annual report	notification)	<del></del>
				nouncation)	
For tu	rther information con	cerning this matter, please c	all:		
	Jaqui	Levy Hara	at (_305_)_	917-7673	
	Name of P	erson	Area Code & Da	nytime Telephone N	umber
Enclos	sed is a check for the	following amount:			
<b>⊠</b> \$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Cer losed) Cer	00 Filing Fee, rificate of Status & rified Copy ditional copy is enclosed)
		G ADDRESS:	STREET/CO Registration S	URIER ADDRE	SS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

m	ckafka PM, LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL11000030825			and ass	igned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the li		ro		
A. If amending name, enter the new name of the n		<u> </u>		
The new name must be distinguishable and end with the value. "L.L.C."	words "Limited Liability Comp.	any," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	nnece)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office and		our records, <u>enter t</u>	he name o	f the new
Name of New Registered Agent:			75 <b>7</b>	•
New Registered Office Address:		<u>۔</u> نز	1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Ει	nter Florida street addi	. ;	
		, Florida	<u> </u>	TT -
	City		Zip <b>G</b> ode	, •
New Registered Agent's Signature, if changing Registe	ered Agent:	Ę	∌#i <b>5</b> 0	

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 Address Type of Action **Title** Name MGR SAG Property Invest, LLC Add Remove 20900 NE 30th Ave Suite 603 Aventura, FL 33180 SAG Consultants, LLC MGR 20900 NE 30th Ave Suite 603 Aventura, FL 33180 □ Add \_ Remove ∏Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member HARA NAQUI

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee