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| (Re | equestor's Name) | | |
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| (Ad | ldress) | | |
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| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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K. SALY EXAMINER AUG 2 9 2011

COVER LETTER

| TO:, | Registration Sec Division of Corp | | | | | | |
|--------------|--|---|---|--|--|--|--|
| SUBJE | CT: | KVC SI | ERVICES LLC | | | | |
| | | | | | | | |
| | The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | | | |
| 1 lease i | eturn an correspon | dence concerning this matter | to the following. | | | | |
| | EDUARDO E. DIEPPA III | | | | | | |
| | | Name of Person | | | | | |
| D | | DI | EPPA LAW FIRM P.A. | | | | |
| Firm/Company | | | | | | | |
| 2095 WEST | | 95 WEST 76 STREET | | | | | |
| Address | | | | | | | |
| | HIALEAH FL 33016 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | ation) | | | | |
| For furt | ner information co | ncerning this matter, please c | all: | | | | |
| | EDUA Name of | RDO DIEPPA Person | at (305) 8 Area Code & Daytime | 326-8266 Telephone Number | | | |
| | d is a check for the 00 Filing Fee | following amount: \$\sum_\$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) | | | |
| | | NG ADDRESS: | STREET/COURIE Registration Section | | | | |

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

FILED

11 AUG 26 PM 2: 58

LLAMACCA VESTAT

| | KVC SERVICES LLC _ | | REDRID |
|--|---|---------------------------------------|---|
| (Name of the Limited | Liability Company as it now appea Florida Limited Liability Company) | rs on our records.) | ······································· |
| (, | Tronda Elimica Elability Company) | | |
| The Articles of Organization for this Limited L | iability Company were filed on | 03/23/2011 | and assigned |
| Florida document numberL11000035 | 5059 | | |
| | | | |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company he | <u>re</u> : | |
| | | | |
| The new name must be distinguishable and end with "L.L.C." | th the words "Limited Liability Comp | any," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applic | able: | · · · · · · · · · · · · · · · · · · · | |
| (Principal office address MUST BE A STREE | ST ADDRESS) | | |
| | <u>.</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | ROX) | | <u></u> |
| 112 man and 112 B2 11 1 001 01 1 100 | | | |
| | | | |
| 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 of | ffice address here: | | |
| Name of New Registered Agent: | Edvardo Die | bba 111 | |
| New Registered Office Address: | 2095 West | 7/2 Street | et |
| New Registered Office Audress. | Ei | nter Florida street ad | ldress |
| | Haleah | , Florida _ | 33016 |
| | 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 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------------------|---|----------------|
| MGRM | OSVALDO BLANCO | 321 EAST 6 ST. # 117 | Add ✓ Remove |
| | | HIAL FAH FL 33010 | V Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| D. If amen | ding any other information, ent | er change(s) here: (Attach additional sheets, if no | ecessary.) |
| | | | |
| _ | | | |
| Dated | AUGUST 22 | , 12011 | |
| | Signature | a member or authorized representative of a member | |
| | | MANAGING MEMBER Typed or printed name of signee | |
| | | r rood of printed name of digitee | |

Page 2 of 2

Filing Fee: \$25.00

OWNER/ASSIGNOR'S TRANSFER AND ASSIGNMENT AGREEMENT

For valuable consideration received, Osvaldo S. Blanco ("Owner/Assignor"), a resident of Miami, Florida, hereby sells, assigns and transfers 100% of his Ownership interest in KVC SERVICES LLC (which represents all of the ownership interest in LLC he has ever held), including all rights and emoluments incident thereto, past, present and future, representing and warranting that he owns those Membership interest, and that he has not previously assigned or hypothecated those Membership interest in any way, to the following Grantee:

Carlos A. Herrera – 100.00% of Osvaldo S. Blanco's ownership interest in KVC SERVICES LLC.

Owner/Assignor warrants and agrees to execute any and all legal documents necessary to effectuate This Agreement is enforceable by the Grantee in Miami Dade County, this transfer and assignment. Florida, under Florida law and this constitutes the complete agreement between the parties. Signed accepted and acknowledged: 8/22/11 Osvalde STATE OF FLORIDA COUNTY OF MIAMI-DADE I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Osvaldo S. Blanco who produced the following or who is personally known to me, to be the person described in and identification who executed the foregoing instrument. WITNESS my hand and official seal in the County and State last aforesaid this day of ___, 2011.

Name of Notary Public

Print, type or stamp Commissioned

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

