L11000036755

(Requ	estor's Name)			
(Addre)00)			
(Addition	:55)			
(Addre	ess)			
(City/S	state/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Busin	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800208692618

06/10/11--01029--009 **30.00

SECRETARY OF STATES TALLARIASSEE, FLORIDA

Service Co.

J. SAULSBERRY EXAMINER

JUN 13 2011

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Khalenti	Holdings, LLC.	
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CAREY SOB	EL_	
		Name of Person	
		Firm/Company	
	4766 WILLAME	TTE CIRCLE	
	00.4	Address	2011 J
	CHANCE, TE	32826 City/State and Zip Code 2 gma.	2011 JUN 10 SECRETARY ALLAHASSE
	E-mail address:	to be used for future annual report notification	TE PER ME
For further information	concerning this matter, please c	all:	O AM 9: 16
CAREY	SOBEL	at (<u>215</u>) <u>913 - 840 ! Area Code & Daytime Telep</u>	
Name	or Person	Area Code & Daytime Telep	onone 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)
MAII	LING ADDRESS:	STREET/COURIER A	DDRESS:

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

Khale	enti Holdings, LLC.	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 3/28/	2011 and assigned
Florida document number L1100036755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
. 5 The first the new name of the m	mice anomy company nerv	
The new name must be distinguishable and end with the w	ords "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 ADD	DRESS)	
T		NA -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TO A III
		0 9
B. If amending the registered agent and/or regi		<u>5</u>
B. It amending the registered agent and/or regi registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnter Flor	ida street address
	Linei 1 tori	THE DIT COT WHAT COD
	Cit	, Florida
	City	zip Coae

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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title Address Name 155 S. Cont Ave ☐ Add
✓ Remove ✓ Add Remove Orlando, FL 32801 ☐ Add ☐ Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated TUNE 6th Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00