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AUG - 6 2013 T. HAMOYES

COVER LETTER

ro: Registration S Division of Co		•	
SUBJECT:		KI LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	v	ICTOR KIPERMAN	
		Name of Person	
		TAKI LLC	
		Firm/Company	
		2607 NE 189 ST	
		Address	
	A۱	/ENTURA, FL 33180	
		City/State and Zip Code	
	ntic	apitalpm@gmail.com be used for future annual report notifica	
	E-mail address: (to	be used for future annual report notifications	ation)
For further information	concerning this matter, please ca	df:	
VICT	OR KIPERMAN	at ()	05-7075
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

	TAKI LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea da Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000079121	y Company were filed on	07/11/2011	and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the I		<u>re</u> :	SECRETAR DIVISION OF C
			PA CENT
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the ability intion
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)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, Florida	
	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.

MGR = M MGRM =	anager Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	VICTOR KIPERMAN	2607 NE 189 ST Aventura, FI 33180	Add Remove
MGR_	NTI CAPITAL LLC	2607 NE 189 ST aventura fl.33180	✓ Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
). If amer —	nding any other information, enter chan	gc(s) here: (Attach additional sheets, if neces.	sary.)
- -			SECRETARY OF SOLVISION OF CORPO
Dated	JULY 31	013	FIATE P: 23

Page 2 of 2

Filing Fee: \$25.00