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SECULIARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corp	orations		
ATIN 100%		KSM II Investmen	nts LLC
SUBJECT:	Name of Limit	led Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	dence concerning this matter t	o the following:	
	Debbie Doo	oley, Vice President Len	ding
	49-4	Name of Person	
	Home Federa	al Bank of Hollywood	
		Firm/Company	
	900 North Fe	ederal Highway	
		Address	
	Hallandale	Beach, FL 33009	
		City/State and Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>
	E-mail address: (to	o he used for future annual report notificati	on)
For further information co	neerning this matter, please ca	II:	
Joe Magley		954 458-262 at ()	6
Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	· fallacina amaunt:		
	-	Vare an erry is a	□ #70.00 EU E
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations in 6327 seee, F1, 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

FILED

ARTICLES OF AMENDMENT 2014 HAY -2 AN 10: 27 TO CONTRACT STATE ARTICLES OF ORGANIZATION ALLAHASSEE, FLORIDA. OF

KSM II I	investments, LLC		
(Name of the Limited	Liability Company as it now appe V Florida Limited Liability Company	nes an one recards.)	
the Articles of Organization for this Limited Lial lorida document number	bility Company were filed on $_{-}$	10/19/11	and assigned
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited liability company l	<u>nere</u> :	
inter new principal offices address, if applical Principal office address MUST BE A STREET			
nter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE B	<u> </u>		
3. If amending the registered agent and/or cgistered agent and/or the new registered offi		n our records, <u>ent</u> e	r the name of the
Name of New Registered Agent:	C T Corporati	on	
New Registered Office Address:		ne Island Road	
	Plantation	orida street address Florida	33324
	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 605, 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.

Vice President & Assistant Secretary

The hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			,
			Remove
			D Add
			
			□ Remove
			Remove
			□ Remove

	
The effective	late, if other than the date of filing: Date of filing (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
	22/11/14
Dated	***************************************
Dated	coker

Page 3 of 3

Filing Fee: \$25.00

2814 MAY -2 M 10: 27 STANDAM ASSEE, FLORIDA