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SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 2 2 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KARAKATI	TSA, UC	
	mited Liability Company	_
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat		
Ross True	Name of Person O + DACKING O.C. Firm/Company	
POSSNF IELE	Name of Person 2 + ZACKINN O.L.	_
	Firm/Company	—
	Harioan ST. ST. Zoo Address	ZDII NOV 2 SECRETAI MALLAHASS
Hour woo.	PC 33021 City/State and Zip Code	
rzalkindo	Globalamericatiffecom	E.FLOGISTA
E-mail address	: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:	•
Closs PACKINA	at (957) 620-1100 Area Code & Daytime Telephone Numb	
Name of Person	Area Code & Daytime Telephone Numb	per .
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times S30.00 Filing Fee \$\times Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	riting Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:	

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

<u>KARAKA</u> T	ITSA, LLC				
(Name of the Limite	TTSA LLC d Liability Company as it no A Florida Limited Liability C	ow appears on our ompany)	records.)		
The Articles of Organization for this Limited Florida document number	Liability Company were file	d on <u>/ 0 / 19/</u>	, 2011	and assigne	đ
This amendment is submitted to amend the fo	lowing:				
A. If amending name, enter the new name	of the limited liability com	pany here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabili	ty Company," the d	lesignation "LLC"	or the abbre	viation
Enter new principal offices address, if appli	cable:	·			
(Principal office address MUST BE A STRE.	ET ADDRESS)			<u> </u>	
			H	8	7
Enter new mailing address, if applicable:			S.	2 ≥	
(Muiling address MAY BE A POST OFFICE	BOX)		<u> </u>	Q; >	
				S OO	1
				<u> </u>	
B. If amending the registered agent and		ess on our recor	ds, enter the n	ame of the	new
registered agent and/or the new registered o	<u>llice address here</u> :				
Name of New Registered Agent:					
New Registered Office Address:	1850 S. DC HALLANAMS R	EMN DRIV	E, VIIT 2	209	_
	. /	Enter Florida	a street address		
	HALLANDALS B	sacit.	Florida <i></i>	009	
	City	. —	Zi	p 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

<u> Title</u>	Name	Address	Type of Action
			Add
	•		Add
			Remove
andra grada principal and Alexandrian	- CAR PRINT		Add Remove
advicence of a gap of annual con-			Add Remove
***************************************			Add Remove
	the state of the s		Add
		e(s) here: (Attach additional shows, if measure	
	73' 1850 5 NERO	Davis # 2208 HALLA	
	BEACH, FC 33005	Daise # 2205, HAUAR	A
			NOV 21
	Nov 4 20	<u>/</u>	A IN
Dated	Kelle	Ş	

Page 2 of 2

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