

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000076820 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Pax Number

: (727)443-5829

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAPEX HOLDINGS, L.L.C.

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K. SALY EXAMINER MAR 2 6 2012

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Corporate Filing Menu

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Audit Fax# H120000748203

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF A	MENDMENT	#120000 161903
TO	•	
ARTICLES OF O	RGANIZATION	
OF		جه الله الله الله الله الله الله الله ال
		FO 3 7
KAPEX HOLDI	NGS, L.L.C.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company v	were filed on 02/16	ords.) /12 and assigned.
Florida document number L12000023142 .		E. C.
		7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KALPEX HOLDII	NGS, L.L.C.	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ce address on our records	s, enter the name of the new
Name of New Registered Agent:		MANAGE TO THE PARTY OF THE PART
New Registered Office Address:		
View MANAGEMENT AND	Enter Florida .	street address
	5. 71	o mida
	City,	orida 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

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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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
			Add
			Add Remove
D. If amen	ling any other information, en	ter change(s) here: (Attach additional sheets, if necessary	·.)
·			
			
Dated	MARCH 23	. 2012 .	
	-	a member or authorized representative of a member	
	ALAN S.	GASSMAN, Authorized Representative Typed or printed name of signee	

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Filing Fee: \$25.00