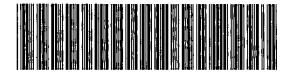
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2013 JUL 30 AH II: 17
SECRETARY OF STATE
AND ASSESSED FRORIDA

JUL 3 1 2013 D. BRUCE

# **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |                              |                |
|--|---|---|---|------------------------------|----------------|
| K&k                                    | RE Investme                                 | nts, LLC  |   |                              |                |
| SUBJECT:                               |   | ed Liability Company  | ,   |                              |                |
| The enclosed Articles of               | Amendment and fee(s) are subr               | nitted for filing.  |   |                              |                |
|  | ndence concerning this matter t             |   |   |                              |                |
|  | MARIA CA                                    | Name of Person  |   |                              |                |
|  |   |   |   |                              |                |
|  | 40000 NIM 4                                 | Firm/Company  |   |                              |                |
|  | 10200 NW 4                                  | 4 I errace  |   |                              |                |
|  | Miami, FL 3                                 |   |   |                              |                |
|  | U Chi Castil<br>E-mail address: (to         | City/State and Zip Code  City/State and Zip Code  Cow  Cow  Cow  Cow  Cow  Cow  Cow  Co | on)   | 2011 JI                      | ٠,             |
| For further information c              | oncerning this matter, please ca            | II:   |   | JL 30<br>FTARN<br>HASSI      | Name of Street |
| Maria Ca                               | stilleja                                    | 305 <sub>3</sub> 01-582   |   | E(I)                         | Encrise.       |
|  | f Person                                    | Area Code & Daytime Tel   | ephone Number   | AH II: 17  BE STATE EFEORIDA | in same        |
| Enclosed is a check for the            | he 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 Certificate of Certified Co (additional | of Status &                  | )              |

### MAILING ADDRESS:

TO:

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**

| K & K RE Investments, LLC   |   |   |                      |                 |           |
|---|---|---|----------------------|-----------------|-----------|
| ( <u>Name of the Limited</u><br>(A  | <mark>Liability Compa</mark><br>Florida Limited I | iny as it now appears on ou<br>Liability Company) | r records.)          | <del></del>     |           |
| The Articles of Organization for this Limited Lia Florida document number <u>L12000081309</u> | ability Company                                   | y were filed on 6/20/201                          | 2 a                  | nd assigne      | ⊹d        |
| This amendment is submitted to amend the follo  | wing:   |   |                      |                 |           |
| A. If amending name, enter the new name of  | the limited liab                                  | pility company here:                              |                      |                 |           |
| The new name must be distinguishable and end with "L.L.C."                                    | the words "Lim                                    | ited Liability Company," the                      | designation "LLC" of | or the abbre    | viation   |
| Enter new principal offices address, if applica   | ble:  | 10200 NW 44 Terr                                  | ace                  |                 |           |
| (Principal office address MUST BE A STREET  | (ADDRESS)   | Miami, FL 33178                                   | ਲਤ <b>ਂ</b><br>,ਇਮਰ- | 22.             |           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E            | <u>80X)</u>                                       |   | AHARSEE FLOR         | TE JUL 30 AH II | Same Same |
| B. If amending the registered agent and/o registered agent and/or the new registered off      | r registered of<br>ice address her                | ffice address on our rec                          |                      |                 | e new     |
| Name of New Registered Agent:   | MARIA   | + CASTILLE  | JA                   |                 |           |
| New Registered Office Address:  | 10200 NW  | 44 Terrace  |                      |                 |           |
|   |   | Enter Flor  | rida street address  |                 |           |
|   | Miami   |   | _, Florida 33178     |                 |           |
| N. B. C. L. C.  |   | City  | Zip                  | Code            |           |
| New Registered Agent's Signature, if changing D.  | anistarod Anont                                   | •   |                      |                 |           |

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 af provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered offic Line Level to the limited liability company has been notified in writing of this change.

Page 1 of 3

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 MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | Address             | Type of Action         |
|--------------|------------------|---------------------|------------------------|
| Mgr          | Karina Garcia    | 3156 SW 153 Place   |                        |
|              |                  | Miami, FL 33185     | Remove                 |
| Mgr.         | Delia F. Nolasco | 10200 NW 44 Terrace | Add                    |
|              |                  | Miami, FL 33178     | Remove                 |
|              |                  |                     | Add                    |
|              |                  |                     | AHASSEE FLORIDA Remove |
|              |                  |                     | Add                    |
|              |                  |                     | Add                    |
|              |                  |                     |                        |

| f amer | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------|--|
| _      |  |
|        |  |
| _      |  |
| _      |  |
| _      | ·  |
| _      |  |
| d t    | July 20, 2013.   |
|        | De lia + Malasco   |
|        | Signature of a member or authorized representative of a member                               |
|        | Delia F. Nolasco   |
|        | Typed or printed name of signee  |
|        | Page 3 of 3  |

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Filing Fee: \$25.00

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