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SECRETARY OF SATIONS
DIVISION OF CORPORATIONS
ON OCT 15 PM 1: 13

C. LEWIS

OCT 1 6 2012

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp		illida nan	ess - 53	MA SEE	***
SUBJĪ	CT:	Kipu	Systems LLC			
		Name of Lin	nited Liability Compar	ıy		
The en	closed Articles of A	Amendment and fee(s) are so	ubmitted for filing.			
Please	return all correspor	ndence concerning this matt	er to the following:			
			Tobias Franos	zek		
			Name of Person			
			Kipu Systems I	_LC		
			Firm/Company			
			1446 Lenox Ave	Apt 1		
			Address			
			Miami Beach, FL			
			City/State and Zip C	ode		
		E-mail address:	bias@kipusysten (to be used for future an	ns.com nual report notificati	on)	
For fu	ther information co	oncerning this matter, please	e call:			
	Tobia Name of	as Franoszek	at (786)	85 Code & Daytime Te	3-7693	
Enclos	ed is a check for th	e following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional c		\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is	

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**

Kinu Systems II C

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT 15 PM 1: 13

/Name of the Limited Liability Compar	av ag it naw anna	ne on our roomde	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	its on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on :	October 1, 2012	_ and assigned
Florida document numberL12000124680	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ho	<u>ere</u> :	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			- 1
(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 of		our records, enter the	e name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	<u>-</u> -		
	E	nter Florida street addre	ess.
		, Florida	
	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Agents	_		

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

	Manager I = Managing Member		
<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			
			Add Remove
			Add
			Remove
			∐Add
			Remove
	_		Add
			Remove
). If ai	•	change(s) here: (Attach additional sheets, if necessary.)	
	now ortiolo:	the Company shall be amended by adding a	2018:10
	Article VII		SION OF
		ted Liability Company is authorized to issue is	15 T
	ten million (10,000,000) shared	of capital stock, no par value.	PM 1:
Dated _	October 1	2012	13 ON:
			-
,	Signature/ora	member or authorized representative of a member Tobias Franoszek	

Page 2 of 2

Filing Fee: \$25.00