

L13000153478

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000252532 3)))



H130002525323ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : LEVINE & PARTNERS, P.A.
 Account Number : 074677001117
 Phone : (305) 372-1350
 Fax Number : (305) 372-1352

2013 NOV 14 AM 10:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

****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
 HOY COMO AYER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
 13 NOV 14 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NOV 15 2013
 D. BRUCE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H13000252532 3

Hoy Como Ayer, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 31, 2013 and assigned
Florida document number L13000153478

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kingsley Acquisitions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2013 NOV 14 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA
 2013 NOV 14 AM 10:26
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 14, 2013



Signature of a member or authorized representative of a member

Alan W. Levine

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 14 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA