

10/11/2019

Division of Corporations

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

From: Account Name : DUANE MORRIS LLP  
Account Number : I19990000059  
Phone : (305)960-2217  
Fax Number : (305)397-2683

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Email Address: TMILLER@DUANEMORRIS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**KAPS FUND, LLC**

|                       |         |
|-----------------------|---------|
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAPS FUND, 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 August 15, 2019 and assigned  
Florida document number L19000204527.

This amendment is submitted to amend the following:

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

KAPSEANA CAPITAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>            | <u>Type of Action</u>                   |
|--------------|----------------|---------------------------|---|
| MGR          | Prashant Nagar | 4620 NW 23rd Terrace      | <input checked="" type="checkbox"/> Add |
|              |                | Boca Raton, FL 33431-8429 | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |

N/A

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