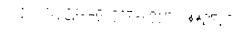
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: K5	ILB LI	_C	
	Name of Limi	ited Liability Company	
The control being a CAn	and for (a) any wh	nitrad for filing	
	nendment and fee(s) are sub-		
Please return all correspond	ence concerning this matter	to the following:	
	PAUL	J. /ALLE Name of Person	20
	KSIL	Firm/Company	
	8245 N	W 36 stre	et #7
	DORAC	City/State and Zip Code	166
	Karinalaba E-mail address: (	ncs e hot ma to be used for future annual report not	il·con ification)
For further information con	cerning this matter, please ca	all:	
Name of P	tue50	at (786) 42.7 Area Code Daytin	3 9 4 9 5
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSILB LLC	· 
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LZ100012979	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	KARINA V. LABANCA
(Principal office address MUST BE A STREET ADDRESS)	8245 HW 36 Street #7 DORAL FL 33166
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A ACCOUNT OF THE PARTY OF THE P
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A TA 6
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Title <u>Name</u> 8245 MW36 Stret#7 DOZAL BAdd MGR □Remove □ Change Remove  $\square$ Add  $\square$ Remove □ Chang □Add Remov □ Change □Add Remove Change □Add Remove

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Effective date, if other fan effective date is listed,	than the date of filing: the date must be specific and ca	annot be prior to date of filing or mo	(optional) re than 90 days after filing.) Pu	rsuant to 605.0207 (3)	)(b)
	d in this block does not me e on the Department of Sta	et the applicable statutory filing ite's records.	requirements, this date will	not be listed as the	;
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Note: If the date inserted document's effective date record specifies a delayerd is filed.	st		n the earlier of: (b) The 90	ith day after the	

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