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T. CLINE

APR - 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
suвjecт: Kluger,	Kaplan, P.L.	ited Liability Company)		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Alan J	Name of Person)		
	Kluger	Kaplan (Frm/Company)	<del></del>	
	2015.BK	Scayne Blvd. 1	7th Floor	
	mam	FI 33131 (C/ly/State and Zip Code)		
	concerning this matter, please co		1000 ARECRETATION OF THE PROPERTY OF THE PROPE	71
Alan J. (Name	of Person)	at ( <u>305)</u> <u>379 - 6</u> (Area Code & Daytime T	Telephone Number) SEE FLORES	TILEU
Enclosed is a check for t	he following amount:		O: 5	
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	

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**

<u>Kluger</u> , Kapl	ian, P.L.	
(Name of the Limited Liability Cdmp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L0900002857</u> 9	by were filed on $03/2+2009$ and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  Kluger, Kaplan, Silverman  The new name must be distinguishable and end with the words "Lin'  L.L.C."		2. L . e abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	SECRETA!	* T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE. FLORIO	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	Florida	
•	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agen	ıt:	

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
·			Add Remove
			= n
			Add Remove
D. If ame - -	nding any other information,	enter change(s) here: (Attach additional sheet	2009 APR -7 SECRETARY TALLAHASSE
Dated <u>f</u>	tpril 2	1, 2009	AM 10: 54  OF STATE  OF STATE
	Signature Al al V	of a member of authorized representative of a mem  Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00