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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

JUN 2 1 2010

EXAMINER

- COVER LETTER

	tion Section of Corporations		
SUBJECT:	KLAFR	ANCHISE, LLC	
SUBJECT:		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
•		:	
The enclosed Arti	cles of Amendment and fee(s) are so	abmitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
		DANA GRIMES	
		Name of Person	
	·	KLABRICKELL, LLC	
		Firm/Company	
		600 SW 1ST AVENUE	
	· · ·	Address	
	·	MIAMI, FL 33130	ZIIII TALL
•		City/State and Zip Code	ARE I
•	DAN	IA@KLASCHOOLS.COM	SS IS
For further inform	E-mail address:	(to be used for future annual report notificati call:	OF STATE STATE OF STA
	DANA GRIMES	at (_305_) 377-039	01 EXT. 234 등등 알
	Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
\$25.00 Filing		\$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lightlity Company	ISE, LLC	s on our records		
(Name of the Limited Liability Company (A Florida Limited Liab	pility Company)	s off our records.		
The Articles of Organization for this Limited Liability Company we	ere filed on	04/17/2008	and assign	ied
Florida document numberL08000038537		:		,
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here	2:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compar	ny," the designation		reviation
Enter new principal offices address, if applicable:	•		ZOLIO SEC	
(Principal office address MUST BE A STREET ADDRESS)			至	
en e		i	ARY ARY	ţ
			二二 王	Emerica:
Enter new mailing address, if applicable:			ST CONTRACTOR	-,, + *
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>	
-		- ·	•	
B. If amending the registered agent and/or registered office	e address on o	ur records, <u>ente</u>	r the name of t	he new
registered agent and/or the new registered office address here:			;	
		•	,	
Name of New Registered Agent:		• •		
New Registered Office Address:				
Time to	Ent	er Florida street a	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.

	iger		
•. •	naging Member		
<u>itle</u>	Name	<u>Address</u>	Type of Action
/IGR_	ORTEGA, JOSE LUIS	600 SW 1ST AVENUE	Add
		MIAMI, FL 33130	✓ Remove
•		i.	• .
<u>IGR</u>	ORTEGA A., JORGE	600 SW 1ST AVENUE	✓ Add Remove
		MIAMI, FL 33130	
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<u>IGR</u>	MARCOS, MARIA	600 SW 1ST AVENUE	Add ✓ Remove
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. If amendi	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	essary.)
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ated		2010 Ber of authorized representative of a member	

Filing Fee: \$25.00