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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 21 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KLAFRANCHISE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA GRIMES

Name of Person

KLABRICKELL, LLC

Firm/Company

600 SW 1ST AVENUE

Address

MIAMI, FL 33130

City/State and Zip Code

DANA@KLASCHOOLS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANA GRIMES

Name of Person

at ( 305 )

377-0391 EXT. 234

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

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TALLAHASSEE, FLORIDA

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**KLAFRANCHISE, LLC**

Page 1 of 2

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>
MGR	ORTEGA, JOSE LUIS	600 SW 1ST AVENUE MIAMI, FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ORTEGA A., JORGE	600 SW 1ST AVENUE MIAMI, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARCOS, MARIA	600 SW 1ST AVENUE MIAMI, FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 1 3 30 PM '10

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 15, 2010

Signature of a member or authorized representative of a member

**ROBERTO X. ORTEGA**

Typed or printed name of signee