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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Division of C	Section orporations		e e e e e e e e e e e e e e e e e e e				
SUBJECT:	KLA H	OLDING, LLC	•				
SUBJECT:		Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence 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 c						
DANA GRIMES  Name of Person		at ( 305 ) 377-03 Area Code & Daytime T	91 EXT. 234				
	, 011 013011		elephone (value)				
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		STREET/COURIER ADDRESS: Registration Section					

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

10 JUN 18 AM 10: 46

	KLA HOLDIN	G, LLC	SECRETARY O	FSTATE
(Name of the Limited L (A F	<u>Liability Company a</u> Florida Limited Liabi	it now appears ity Company)	on 664Cte86tASSEE,	FLORIDA
The Articles of Organization for this Limited Lial	• • •	e filed on	03/28/2007	and assigned
Florida document number L070000329	983		•	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability	company here:	:	
	KLAHOLDING,			
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
Enter new manning address, in applicable. (Mailing address MAY BE A POST OFFICE B			1	
Manning unuress MATI DE AT OUT OF THEE D				
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office.		address on ou	r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Ente	r Florida street addi	ress
	C	ity		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.

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 **Title** Type of Action Name | **Address** ORTEGA, ROBERTO MGR 600 SW 1ST AVENUE ☐ Add MIAMI, FL 33130 ✓ Remove ORTEGA, ROBERTO X. MGR 600 SW 1ST AVENUE **✓** Add Remove MIAMI, FL 33130 \_\_\_\_\_ ☐ Remove Remove  $\square$ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE 15** 2010 Signature of a member or authorized representative of a member ROBERTO X. ORTEGA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00