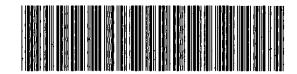
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(Requestor's Name)			
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SECRETARY OF STATE

COVER LETTER

· Division of Cor					
SUBJECT: KAPLA	N; LLC				
(Name of Limited Liability Company)					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Bruce M. Boiko, Esq.				
		(Name of Person)			
	Adorno & Yoss LLP				
		(Firm/Company)			
	2525 Ponce de Leon Bo	ulevard - 4th Floor			
		(Address)			
	Miami, FL 33134				
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:	•		
Bruce M. Boiko		at (305) 460-1000			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he 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)		
N	INC ADDRESS.	CTDRET/COUDIED	A DODECC.		

MAILING ADDRESS:

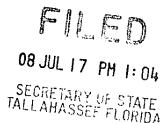
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

* Additional \$25.00 for change of registered agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	KAPLAN, LLC		WOOLF FLURIDA	
(Name of the Limited	d Liability Company as it now a A Florida Limited Liability Comp	appears on our records.) pany)		
The Articles of Organization for this Limited L	Liability Company were filed o	_n June 18, 2007	and assigned	
	<u></u> .		•	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability compar	ny here:		
The new name must be distinguishable and end w"L.L.C."	ith the words "Limited Liability (Company," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, <u>ent</u> e	er the name of the new	
Name of New Registered Agent:	Bruce M. Boiko c/o ADORNO & YOSS LLP			
New Registered Office Address:	Address: 2525 Ponce de Leon Boulevard - 4th Floor (Enter Florida street address)			
	Miami	, Florida		
	(City)		(Zip Code)	
Nov. Dogistaned Agentle Ciametune if shanging	Decistored Assets			

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 Changing Registered Agent, Signature of New Registered Agent)

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MGR David Kaplan 435 L'ambience **I**✓ Add Apt. G701 Remove Longboat Key, FL 34228 ☐ Add Remove 🗂 Add Remove □ Add Remove **∫** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article IV - Management is deleted in its entirety and amended to read as follows: Article IV-Management The Company is to be a manager-managed limited liability company and the name of the manager is David Kaplan. 2008 Dated July 10th Signature of a member or authorized representative of a member Bruce M. Boiko, Esq., Authorized Represent

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00