10000044381

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | dress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/28/10--01005--005 **25.00



T. HAMPTON

JUN 2 9 2010

EXAMINER

COVER LETTER

| Division of | Corporations | | | | |
|-------------------------|--|--|---|--|--|
| SUBJECT: | KLA | DORAL LLC | | | |
| · · | | ited Liability Company | | | |
| The enclosed Articles | s of Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corre | espondence concerning this matte | er to the following: | | | |
| | | Dana M. Grimes | ···· | | |
| | | Name of Person | | | |
| | | KLA SCHOOLS | | | |
| | | Firm/Company | | | |
| | | 600 SW 1ST Avenue | , | | |
| | | Address | | | |
| | | Miami, Florida 33130 | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: | lana@klaschools.com (to be used for future annual report notificati | on) | | |
| For further information | on concerning this matter, please | | | | |
| 0 | Dana M. Grimes | at (305) 377-03 | 91 EXT 234 | | |
| Nan | ne of Person | Area Code & Daytime To | elephone Number | | |
| Enclosed is a check fo | or the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| MA | AILING ADDRESS: | STREET/COURIER | ADDRESS: | | |

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ORAL LLC | | |
|--|---|----------------------------|-------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now apperited Liability Company) | ars on our records.) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on | April 26, 2010 | and assigned |
| Florida document numberL10000044381 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company he | ere: | |
| RIO PRES | CHOOLS, LLC | | |
| The new name must be distinguishable and end with the words "L.L.C." | 'Limited Liability Comp | pany," the designation "LI | .C" or the abbreviation |
| Enter new principal offices address, if applicable: | Mary 11 agree 1 | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | |
| | | | |
| | | | CRETON C |
| Enter new mailing address, if applicable: | | | <u>></u> 9≥+ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | COP COP |
| | - | | PP C |
| | | | STAL |
| B. If amending the registered agent and/or registere | | our records, enter th | e name of he new |
| registered agent and/or the new registered office address | <u>here</u> : | | S |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E | nter Florida street addr | ess |
| | | , 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.

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 = Ma MGRM = 1 | anager Managing Member | | |
|----------------------|-----------------------------|---|--|
| Title , | <u>Name</u> | <u>Address</u> | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, | , enter change(s) here: (Attach additional sheets, if necessary.) | FILED STATE SEGRETARY OF STATE OF CORPORATIONS 10 JUN 28 PH 12: 18 |
| Dated | June 24 | | |
| | Sionatur | re of a member or authorized representative of a member | |
| | J.Bimui | Roberto X. Ortega | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00