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11 MAY 23 PM 1:42

T. HAMPTON

MAY 24 2011

EXAMINER

COVER LETTER

Division of C			
SUBJECT:	KL	EEM LLC	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Carlos F Cortes	
		Name of Person	
		Kleem LLC	
		Firm/Company	
		Address	
	Wi	nter Springs, FL 32708	
	_	City/State and Zip Code	
	Cfo E-mail address: (cortesg@hotmail.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please c	all:	•
С	arlos F Cortes	at (321) 2	46-4738
Name	e of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGURE SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAY 23 PM 1:42

	KLEEM LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	Dec 09, 2010	and assigned
Florida document number L10000126			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company b	ere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	BOX)		· •
B. If amending the registered agent and/orthe new registered of		our records, enter th	ne name of the new
Name of New Registered Agent:	3 - 3 ¹ 3 - 4		
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	<u> </u>	Enter Florida street addr	ress
		. 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 Changing Registered Agent, Signature of New Registered Agent

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

itle	<u>Name</u>	<u>Address</u>	Type of Action
<u>//GR</u>	Edna Liliana Solano	1200 La Mesa Ave Winter Springs, FL 32708	Add Remove
			Add Remove
<u>.</u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	I III SECI
	:		SECRETARY OF CORT
_			RY OF STATE CORPORATIONS
ated <u>()</u>	<u>5-19-11</u>	Rill	<i></i>
	-	F Course- ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00