# L12000106386

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nar | ne)         |
| (Do                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
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12 SEP -4 PM 1: 26
SENTING OF STATE
SENTING SEE FLORID:

C. LEWIS

SEP -5 2012

EXAMINER

### **COVER LETTER**

| TO: Registration Division of C |  |
|--------------------------------|--|
| SUBJECT:                       | THE KLA GROUP, LLC  Name of Limited Liability Company  |
|                                |  |
| The enclosed Articles of       | of Amendment and fee(s) are submitted for filing.  |
| Please return all corres       | pondence concerning this matter to the following:  |
|                                | Karen Lewis Name of Person   |
|                                | THE KLAGroup, LLC  |
|                                | 4977 Pineview Circle   |
|                                | Address  Delvay Beach, FL 33445  City/State and Zip Code  Raren@ Deklagroup. Com  E-mail address: (to be used for future annual report notification)   |
|                                | E-mail address: (to be used for future annual report notification)   |
| For further information        | concerning this matter, please call:   |
| Karen                          | Lewis at (617) 244-6660  Area Code & Daytime Telephone Number  |
| Enclosed is a check for        | the following amount:  |
| \$25.00 Filing Fee             | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 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

|   | 0000                          | FILED                                       |
|---|-------------------------------|---|
|   | GROUP, LLC                    | 12 SEP - և PM 1: 26                         |
| ( <u>Name of the Limited Liability</u><br>(A Florida L      | Company as it how appears of  | n our records.)                             |
| (A Fiorida L  | inned Diability Company)      | SECRETARY OF STATE                          |
| The Articles of Organization for this Limited Liability Co. | ompany were filed on Au       | qust 17, 2012 and assigned                  |
| Florida document number 61200010638                         | 6                             | <del>J</del>                                |
| riorida document number                                     | <u></u>                       |   |
|   |                               |   |
| This amendment is submitted to amend the following:         |                               |   |
| A. If amending name, enter the new name of the limit        | ted liability company here:   |   |
|   |                               |   |
| The new name must be distinguishable and end with the word  | ds "Limited Liability Company | " the designation "LLC" or the abbreviation |
| "L.L.C."  |                               | , J   |
| Enter new principal offices address, if applicable:         |                               |   |
| (Principal office address MUST_BE A STREET ADDR.            | FCC)                          |   |
| Trincipal office dairess WOST BEASTREET ADDR.               | <u> </u>                      | · · · · · ·                                 |
|   | <u></u>                       |   |
|   |                               |   |
| Enter new mailing address, if applicable:                   |                               |   |
| (Mailing address MAY BE A POST OFFICE BOX)                  |                               |   |
|   |                               |   |
| •   |                               |   |
| B. If amending the registered agent and/or registe          |                               | records, enter the name of the new          |
| registered agent and/or the new registered office addr      | ess here:                     |   |
|   | •                             |   |
| Name of New Registered Agent:                               | <del>.</del>                  |   |
| New Registered Office Address:                              |                               |   |
|   | Enter Florida street address  |   |
|   |                               | , 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 = Manager

MGRM = Managing Member

**Type of Action** Title Address Name M6RM MERM Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00