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(Re	questor's Name)	er
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, I LONDA

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JUL 05 2016

S. YOUNG

COVER LETTER

TO: Registration So Division of Con			
Kaplan Ad	ministration LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Javier Jimenez		
		Name of Person	<u> </u>
	Kaplan Administration LL	.c	umt Too k
		Firm/Company	- 5 E
	5430 NW 114th Av, #101		
		Address	
	Doral, Fl 33178		16 JUL -1 PH12: 59
		City/State and Zip Code	
•	glasskaplan@gmail.com		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Javier Jimenez		954 913-5284 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaplan Administration LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000158277	iability Company	were filed on 19/12/2012	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company "the designation "LLC" of	or the abbreviation "LLC"
Enter new principal offices address, if applic		10365 SW 187th St	3 23
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, FL 33157	<u> </u>
			1 33
Enter new mailing address, if applicable:		10365 SW 187th St	PHIZ
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33157	in E
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of	ffice address on our records, <u>e</u> :	enter the name of the new
	10365 SW 1876	th St	
New Registered Office Address:	10003 3 # 1070	Enter Florida street address	
	Miami	Flori	ida 33157
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jimenez, Roberto	5841 Riverside Dr, #105	
		Coral Springs, FL 33067	■ Remove
			☐ Change
			□ Add
			□ Remove
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The 90th	day after the i	ecord is fil	ed.						
06/27/2	104			}	_				
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_		Signature	of a member	r or author	zed represe	ntative of a	nember		

Page 3 of 3

Filing Fee: \$25.00