# U12000158277

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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Se Division of Cor					
Kaplan Adı SUBJECT:	ministration LLC				
SUBJECT:	Name of Lim	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Javier Jimenez				
		Name of Person			
	Kaplan Adminstration LLG	C			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	10365 SW 187th St				
		Address		ESE 5	
	Miami, FL 33156			ALAH ANG ANG	<u>F</u>
		City/State and Zip Code		23 N.R.Y SSS	LED
	glasskaplan@gmail.com				
For further information c	E-mail address: (	to be used for future annual report notifi	cation)	ARY OF STATE ASSEE, FLORIDA	
Javier Jimenez		954 913-5284		) - OI	
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

Kaplan Administration LLC		
( <u>Name of the Limited I</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L12000158277	lity Company were filed on 12/19/2012	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	X)	FILED  16 AUG 23 NH 12  SECRETARY OF STA
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:		
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 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>	<u>Address</u>	Type of Action
MGRM	Jimenez Javier E	10365 SW 1871 St	
		Miami, FL 33157	□ Remove
			■ Change
Manager	Jimenez Tatiana J	5841 Riverside Dr. Apt 105	Add
		Coral Springs, FL 33067	■ Remove
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an effective date is list	ed, the date must be sported in this block d	ecific and ca	unnot be prior to	o date of filing or	more than 90 days at	fter filing.) Pursuant to 605.02 his date will not be listed
ocument's effective	date on the Departs	nent of Stat	e's records.	ble statutory iiii	ng requirements, t	ms date will not be fisted
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The 90th day at	ter the record i	s filed.	.e, but not	an enective	time, at 12:01	l a.m. on the earlier
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Typed or printed name of signee

Filing Fee: \$25.00