## 112000158277

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## **COVER LETTER**

	ision of Cor				
SUBJECT:	Kaplan Administration LLC  Name of Limited Liability Company				
SOBJECT.					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Javier Jimenez			
			Name of Person		
		Kaplan Administration LL	С		
			Firm/Company	<del>.</del>	
		10365 SW 187th St			
			Address		
		Miami, FL 33156			
			City/State and Zip Code		
		glasskaplan@gmail.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further in	nformation c	oncerning this matter, please c	all:		
Javier Jimen	ez		954 913-5284 at ()		
	Name o	f Person		Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	

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

2017 FEB 28 PM 4: 17

ALLAHASSFE, FLORIDA

Kaplan Administration LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10/10/2010

The Articles of Organization for this Limited Liability Company	were filed on 12/19/2012 and assigned	
Florida document number L12000158277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	11870 Hialeah Gardens Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Unit 129B#133	
•	Hialeah Gardens, FL 33018	
Enter new mailing address, if applicable:	11870 Hialeah Gardens Blvd	
ling address MAY BE A POST OFFICE BOX) Unit 129B#133	Unit 129B#133	
	Hialeah Gardens, FL 33018	
Name of New Registered Agent:		
New Registered Office Address:		
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 agr provisions of all statutes relative to the proper and complete		
being filed to merely reflect a change in the registered agent as period to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is	

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Javier Jimenez	11870 Hialeah Gardens Blvd	
		Unit 129B#133	□ Remove
		Hialeah Gardens, FL 33018	■ Change
			□ Add
		<u> </u>	Remove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pr	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the Department of State's recoi	plicable statutory filing requirements, this date will not be listed rds.
	not an effective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
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	'
	uthorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00