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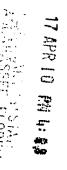
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SURJE	•	ministration LLC		
SOLUE		Name of Lim	ited Liability Company	1499, 1889
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Javier Jimenez		
			Name of Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Kaplan Administration LL	С	
			Firm/Company	
		11870 Hialeah Gardens Bl	vd, Unit 129B#133	
			Address	
		Hialeah Gardens, FL 3301	8	
			City/State and Zip Code	
		glasskaplan@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Javier .	Jimenez		954 913-5284	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	he following amount:		
2 \$25	5.00 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)

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			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The state of the s	3-46T 114-3 T 1-1-1	Pro Common Pale designation W	HOW as the abbraviation "I I C"
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical		6351 NW 87th Av	LLC or the abbreviation L.L.C.
(Principal office address MUST BE A STREET		Miami, FL 33166	
Enter new mailing address, if applicable:		6351 NW 87th Av	17 A
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	Miami, FL 33166	355 20 3
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name, of the ner
Name of New Registered Agent:			
New Registered Office Address:	6351 NW 87th		
	Enter Florida street address Miami 33166 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>	Address	Type of Action
MGRM	Javier Jimenez	6351 NW 87th Av	
	+ =	Miami, FL 33166	
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			Add
			□ Remove
			□ Change
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ctive date, if other than effective date is listed, the date	must be specific and cannot	be prior to date of fi	ling or more than 90 da	(optional) nys after filing.) Pur	suant to 605.
e: If the date inserted in thi ument's effective date on the	s block does not meet the	applicable statut	ory filing requiremen	nts, this date will	not be liste
record specifies a dela he 90th day after the		out not an effe	ctive time, at 12	2:01 a.m. on t	the earlie
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Page 3 of 3

Filing Fee: \$25.00