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EXAMINER



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SECREMARY OF STATE

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COVER LETTER

Division of Corporations ,
SUBJECT: Teduag Management Group, L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Gaudet (Name of Person)
Teducia Management Grap, L.C.C
1255 Biscayne Blue # 814
Morth Miami, FC 33181 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 450-816] (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Name of the United Liability Company	vas w now appears on our records.	<u>roup</u> , (c
(A Florida Limited Lin	ability Company)	,
The Articles of Organization for this Limited Liability Company v	vere filed on 4127107	and assigned
Florida document number <u>LO70004S1</u> .83		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		er the name of the new
		T. 0
Name of New Registered Agent:		8E 2
New Registered Office Address:	7	
	(Enter Florida street	address) on
	(City), Florida	T. Cindode
New Registered Agent's Signature, if changing Registered Agent:	(City)	
CIAIL DISPLACES AND CONTRACT A SCHOOL AS OF ADMINISTRATION AND UNITED AND UNI		

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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	Name	Address	Type of Action
<u>mer</u> m	michelle Gaudet	#814 morth miami, FC 33181	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
`			
	7128 , 200	\Q	
Dated	Signature of a member by	authorized representative of a member	08 #
	Typed or	printed name of signee	AUG -5 AU
	Fili	ng Fee: \$25.00	M 8: 21