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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 15 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCT Real Estate School LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos ThurdeKoos
Name of Person

Firm/Company

P O Box 691089
Address

Orlando, FL 32869
City/State and Zip Code

info@mctgroup.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos ThurdeKoos at (**407**) **481-8530**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

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TALLAHASSEE, FLORIDA

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B. BOSTICK
DEC 14 2010
EXAMINER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCT Real Estate School LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 17, 2008 and assigned Florida document number L08000006587.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2499 Trafalgar Boulevard

Kissimmee, FL 34758

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 691089

Orlando, FL 32869

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

2499 Trafalgar Boulevard

Enter Florida street address

Kissimmee

Florida

34758

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 603, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Carlos ThurdeKoos</u>	<u>2501 Trafalgar Boulevard</u> <u>Kissimmee, FL 34758</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	<u>Luis A. Sosa-Lozano</u>	<u>2501 Trafalgar Boulevard</u> <u>Kissimmee, FL 34758</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Luis A. Sosa-Lozano</u>	<u>2501 Trafalgar Boulevard</u> <u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

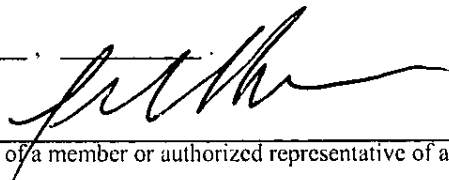
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article IV is hereby Amended ad follows:

The LLC will be managed by Luis A. Sosa-Lozano and Member Hernan Parma
will have no authority to manage or make decisions for the LLC

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Dated 11/29/2010



Signature of a member or authorized representative of a member

Carlos ThurdeKoos

Typed or printed name of signee