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((H10000072740 3))



H100000727403ABCV

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WELLINGTON ACADEMY II, LLC

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A. LUNT
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EXAMINER

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COSTELLO, ROYSTON & WICKER, LLP

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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March 31, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Sent By:
Facsimile Transmission to: 850-617-6383

Re: Simultaneous Name Change

Document Number J06297 -
Wellington Academy, Inc. n/k/a Wellington Academy II, Inc.

Document Number L10000017100 -
Wellington Academy II, LLC n/k/a Wellington Academy, LLC

Dear Sir/Madam:

Included with this facsimile transmission, Audit Number H10000072740 3, are the Articles of Amendment to the Articles of Organization of Wellington Academy II, LLC.

Please cross reference this with Audit Number H10000072733 3, the Articles of Amendment to the Articles of Organization of Wellington Academy, Inc. transmitted this same day.

The two entities are changing names simultaneously.

Very Truly Yours,


John M. Wicker
For the Firm

Direct Dial: (239) 690-4265
E-mail: jwicker@csrlaw.com

Enclosures: As Noted

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H10000072740 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLINGTON ACADEMY II, 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 FEBRUARY 12, 2010 and assigned Florida document number L10000017100

This amendment is submitted to amend the following:

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

WELLINGTON ACADEMY, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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 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

H10000072740 3

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>
_____	_____	_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MARCH 29, 2010

Seemahia

Signature of a member or authorized representative of a member

SEEMA RIHANI

Typed or printed name of signee