L100000023816

(Re	questor's Name)		-
			,,
(Ad	dress)		- `
			_
(Ad	dress)		
· (Cit	y/State/Zip/Phone	· #\	-
(5.1	yr otatorzipri mono	· ",	٠
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	ne)	-
	•		
(Do	cument Number)		- ,
Certified Copies	Certificates	of Status	
Cerimed Copies	_ Certificates	Ol Otatus	•
Special Instructions to	Filing Officer		1
	· imig cincon		
			÷

Office Use Only



100167299481

04/09/10--01033--010 **25.00

FILED

10 APR 13 PM 3: 18

ECKETARY OF STATE
FALLAHASSEE, FLORIDA

\$. HAWKES
WARE 28 2810
EXAMINER

S. HAWKES APR 1 4 2010

EXAMINER

NO \$9





March 23, 2010

NEVENKA METIKOS 5700 NW 2ND AVE 611 BOCA RATON, FL 33487

SUBJECT: NP & EDUCATION CONSULTANTS, LLC

Ref. Number: L10000023816

We have received your document for NP & EDUCATION CONSULTANTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 910A00007176

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahasso, Florida 32314

COVER LETTER

TO: Registra

Registration Section Division of Corporations

SUBJECT: NP & EDUCATION CONSULTANTS, LLC L10000023816

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:

		Nevenka Metikos				
-		Name of Person				
	NP & EDUCATION CONSULTANTS, LLC					
		Firm/Company				
	570	00 NW 2nd Ave #611				
_		Address				
_	· Bo	oca Raton, FL 33487	* 4 1			
	.* ,	City/State and Zip Code		,		
_		ametikos@yahoo.com	 			
	E-mail address: (to	o be used for future annual report notif	ication)			
For further information conc	erning this matter, please ca	all:				
Nevenl	ka Metikos	at (561)	703-3071			
Name of Pe	rson		e Telephone Number	•		
Enclosed is a check for the fo	ollowing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	of Status &		

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

NP & EDUC	ATION CO	NSULTAN	rs, llc		•
(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Lial	as it now appear bility Company)	rs on our re	ecords.)	6 F . 1
			March C	2010	30 7/2
The Articles of Organization for this Limited Liabil	ere filed on	March 3	3, 2010 an	d assigned	
Florida document number L1000002381	<u> 6</u> .			SE	0.3
•				2.	ς ω
This amendment is submitted to amend the following	ng:			,	927 0
A. If amending name, enter the new name of the	e limited liabili	ty company her	٠٠.		P
NP & EDUCA			_		
The new name must be distinguishable and end with the				cianation "LLC" or	the abbreviation
"L.L.C."	ie words Ellinted	a Claumity Compa	my, the de	signation LLC of	the aboreviation
N. A.		SAME 2		f	
Enter new principal offices address, if applicable		SAIVIE	12 0	hange	
(Principal office address MUST BE A STREET A	(DDRESS)			nange	
					
NA					
Enter new mailing address, if applicable:		SAME /	}		2
(Mailing address MAY BE A POST OFFICE BOX)			10 C	nange	/ -
B. If amending the registered agent and/or a registered agent and/or the new registered office		e address on	our record	is, <u>enter the na</u>	me of the new
registered agent and/or the new registered office	e auuless here.				
Name of New Registered Agent:	SAME				
Name of New Registered Agent.					
New Registered Office Address:	<u></u>	F	ton Florida	street address	
	i sireet aaaress				
-			, 1	Florida	Code
		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

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> **Address** Type of Action Name **MGRM** Nevenka Metikos 5700 NW 2nd Ave Unit 611 Boca Raton, FL 33487 Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 11, 2010 10:30 AM Dated Praginga Metchos
Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00