

L10000045943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

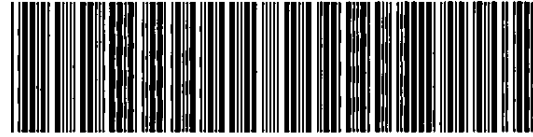
(Document Number)

Certified Copies _____ Certificates of Status _____

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L. SELLERS
JUN 29 2010
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 28 PM 4:11

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atala Montessori School for Creative Expression, LLC
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:

Carolann A. Swanson, Esq.

Name of Person

Carolann A. Swanson, Attorney at Law

Firm/Company

2811 SW 3rd Avenue (Coral Way)

Address

Miami, FL 33129

City/State and Zip Code

carolann.swanson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolann A. Swanson

Name of Person

at (305)

345-8099

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

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

Atala Montessori School for Creative Expression, 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 April 27, 2010 and assigned Florida document number L10000045943.

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: 240 N. Krome Avenue
(Principal office address MUST BE A STREET ADDRESS) Homestead, FL 33030

Enter new mailing address, if applicable: 240 N. Krome Avenue
(Mailing address MAY BE A POST OFFICE BOX) Homestead, FL 33030

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

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

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16 JUN 28 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

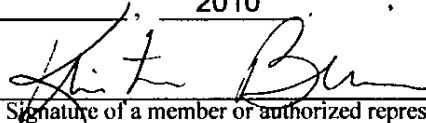
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Cheryl Koenig Morgan</u>	<u>1635 NW 9th Court</u> <u>Homestead, FL 33030</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Beatriz Scheff</u>	<u>22650 SW 189th Avenue</u> <u>Miami, FL 33170</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Patricia Howarth</u>	<u>18901 SW 288th Street</u> <u>Homestead, FL 33030</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Nidia Valle</u>	<u>19600 SW 304th Street</u> <u>Homestead, FL 33030</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 22, 2010



Signature of a member or authorized representative of a member

Kristine Burns, Managing Member

Typed or printed name of signee