Lamby771

(Re	equestor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	usiness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:						
		:					

Office Use Only



500282438925

02/25/16--01011--012 **25.00

SECRETARY OF STATE A

FEB 2 6 2016 S. YOUNG

COVER LETTER

O. Registration Section Division of Corporations

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

SUBJECT: Flature Scholars freschal

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Mia 625 Name of Verson

Frakure Shelasi Frasch w

海日

3816 1) University drive 3335

City/State and Zip Code

1040 Cafe June 104 start Treschool . 1

295

For further information concerning this matter, please call:

Area Code

699-5527 Daytime Telephone Number

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Enclosed is a check for the following amount:

Name of Person

2005

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &

Certificate of Status

☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed)

MAILING ADDRESS:

di.

Division of Corporations Registration Section Tallahassee, FL 32314 P.O. Box 6327

STREET/COURIER ADDRESS:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Registration Section Division of Corporations

> 64:8 Hd 10 LEB 52

FLORISA : STATE SECRETARSSEE. FO YEAR SECRE FALLANASSEE.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3 14 2012 and assigned Florida document number 12000 104771

This amendment is submitted to amend the following:

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

REET ADDRESS) CE BOX CE BOX CE BOX CEBOX Enter Florida arrest address Enter Horida arrest address Enter Florida arrest address Enter Horida arrest address Enter Florida arrest address Enter Horida arrest address Ent	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 605, 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.	Florida	New Registered Office Address: Enter Florida street address	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:	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS]
--	--	---------	--	---	--	--

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

SEURETARY OF STATE TALL AND STATE OF SEURISAN TALL AND SSEE FLORISA

סיויט אַל	16 FFR 25
- 괴벤스 (0)	SECRETARISE YRATARISE JESAHALIAN

Page 2 of 3						AMBR Dillip Commings	or removed from our records: MGR = Manager AMBR = Authorized Member
© Remove	□ Remove □ Change	© Remove	© Remove	© Remove	W	Address 12103 NW 19th 8th	or removed from our records; MGR = Manager AMBR = Authorized Member

9	
=	
81	
5	
Ē	
150 150	
2	
D. If amending any other	
3	
3	
Ž	
ati.	
Ĕ	
3	
4	
nding any other information, enter chang	
큟	
E	
₹	
:	
2	
taci	
200	
an	
iOn.	
21 S	֡
· Ree	
,	
7 72	
ange(s) here: (Allach adallional sneets, ij necessur):	
Š	
~	

E. En								
E. Effective date, if other than the date of filing: (Optional) (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar the applicable statutory filing requirements, this date will not								

Note: If the date inserted in this block does not meet the applicable stan document's effective date on the Department of State's records. nt to 605,0207 (3)(b) t be listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Februsy Signature of a member or authorized experiment

toe of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF PLORIES IN ALL COMMS