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DATE:

12/16/13

NAME:

RATTLES TO TASSELS LEARNING CENTER

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pattles to Tassels Learning Center 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:		
Adrienno L. Miller Name of Person		
Rattles to Tassels Firm/Company		
9701 Anchers Blvd		
Jacksonville Fl 32246 City/State and Zip Code		961
E-mail address: (to be used for future unrual report notification)		
For further information concerning this matter, please call:	3355 7437 1	ì
Adrienne L. Miller at (984) 18 8158 Name of Person Area Code & Daytime Telephone Number	AM IO: 31 OF STATE E FLORIDA	
Enclosed is a check for the following amount:		•

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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△\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□\$60.00 Filing Fce,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kattles To Tassels	learning	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on 10110	Q 12 and assigned
Florida document number L1200013193	<u>ul</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim The Device Doctor The new name must be distinguishable and end with the wo "L.L.C."	allenter L.L	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<i>구선</i> 프 크
		至高 呂
		S CO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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>	Name	Address	Type of Action
			Add
			Remove
			Remove
			Add
			Remove
			Kelikis
		<u> </u>	Add
			Remove
			DECENOR OF STATE OF S
			555 A 175
			AH OF STEEL SEED
			<u>_</u> <u></u>
			Remove
			Add
			Remove

					
adries	nd L	m;	ller		
المعتبي في المالي ا	, Signature o	f a member or	authorized repres	entative of a men	iber

Page 3 of 3

Filing Fee: \$25.00

