## L01000005402

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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09 SEP 25 PM 2:55

T. HAMPTON

SEP 2 8 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT:		/ Learning, L.L.C.	<del></del>		
		10 . 61			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Susan D. Moore			
		Name of Person			
	Brig	ght Sky Learning, L.L.C.			
		Firm/Company			
	415 [	McFarlan Road, Suite 106			
		Address			
~	Ker	nnett Square, PA 19348			
	City/State and Zip Code				
	E-mail address:	suzey@earthlink.net to be used for future annual report notifice	ation)		
For further information	concerning this matter, please				
	san D. Moore		99-7201		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	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

TO:

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

RECEIVED

09 SEP 25 PM 4:00

SECRETARY OF STATE | TALLAHASSEE, FLORIDA

September 15, 2009

SUSAN D MOORE 415 MCFARIAN RD STE 106 KENNETT SQUARE, PA 19348

SUBJECT: BRIGHT SKY LEARNING, L.L.C.

Ref. Number: L01000005402

We have received your document for BRIGHT SKY LEARNING, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

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Letter Number: 309A00030420

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- - - ·

	Bright Sky Lea				
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear Liability Company)	's on our records.		
The Articles of Organization for this Limited Liability Company were filed onApril 9, 2001			April 9, 2001	and assigned	
Florida document numberL0100000	05402				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end v "L.L.C."	vith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the a	bbreviatio
Enter new principal offices address, if applicable:		415 McFarlan Road			. <u></u>
(Principal office address MUST BE A STREET ADDRESS)		Suite 106		8	VISE SE
		Kennett Square, PA 19348		38	25
				25	937
Enter new mailing address, if applicable:		415 McFarlan Road		2	300
(Mailing address MAY BE A POST OFFICE BOX)		Suite 106		N N	95
		Kennett Squa	re, PA 19348	- CO	ATE
-				_	XS.
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter t</u>	<u>he name o</u>	<u>f the ney</u>
•					•
Name of New Registered Agent:	Luis Santiago				<del></del>
New Registered Office Address:	326 N. Belo				
·		En	ter Florida street addi	ress	
	(	Clearwater	, Florida	33765	<u> </u>
		City		Zip Code	·
New Registered Agent's Signature, if changing	Registered Agent:	1			

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Susan D. Moore	415 McFarlan Road Suite 106 Kennett Square, PA 19348	Add ☐ Remove
<u>MGRM</u>	Bruce E. Moore	2 Pond's Edge Drive Chadds Ford, PA 19317	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	SEGRETARY OF STATE OTVISION OF CORPORATIONS  09 SEP 25 PM 2: 55
Dated	· · · · · · · · · · · · · · · · · · ·	·	•
	Dusa	an Moon	
	·	r authorized representative of a member	
		san D. Moore printed name of signee	

Page 2 of 2

Filing Fee: \$25.00