

LD20000026894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

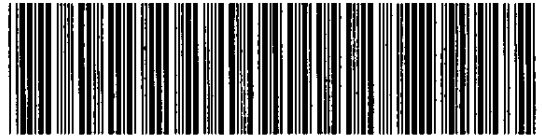
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300133695553

07/31/08--01018--007 **25.00

FILED
08 JUL 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 1 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alliance Academies of Central Florida, 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:

Nieves Lyman
(Name of Person)

Alliance Academies of Central Florida, LLC
(Firm/Company)

1862 E. Winter Park Rd
(Address)

Orlando, FL 32803
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 31 AM 11:21

FILED

For further information concerning this matter, please call:

Jennifer Lyman-Rivera at (407) 647-0119
(Name of Person) (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**

Alliance Academies of Central Florida, 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 10/11/02 and assigned Florida document number LO2000026894.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
08 JUL 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(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:

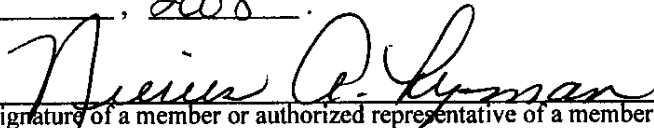
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Jennifer Lyman-Rivera	2504 Fox Squirrel Ct Apopka FL 32712	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jose Emmanuel Rivera	2504 Fox Squirrel Ct Apopka, FL 32712	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 JUL 31 AM 11:21
FILED

Dated 6/29, 2008



 Signature of a member or authorized representative of a member
Nieves Lyman

 Typed or printed name of signee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLIANCE ACADEMIES OF CENTRAL FLORIDA, LLC

This Amendment dated June 24, 2008 amends the original Articles of Organization as follows:

As of June 24, 2008: Jennifer Lyman-Rivera was removed as Managing Member.
Jose Emmanuel Rivera was removed as Managing Member.


Nieves A. Lyman will remain as 100% owner and Managing Member and is authorized to execute all legal documents on behalf of the limited liability company.

As of May 29, 2008: Roberta J. Herrmann was removed as Managing Member.

As of March 23, 2007: Donald E. Lyman is replaced as Managing Member by Roberta J. Herrmann.

As of August 25, 2005: Jose Emmanuel Rivera was added as a Managing Member.

Dated this 24th of June, 2008

By: 
Nieves A. Lyman, Managing Member

FILED
08 JUL 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA