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| (F | Requestor's Name) | | | |
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| () | Address) | | | |
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| PICK-UP | . WAIT MAIL | | | |
| (E | Business Entity Name) | | | |
| (C | Document Number) | | | |
| Certified Copies | Certificates of Status _ 3 | | | |
| Special Instructions to Filing Officer: | | | | |
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S. HAWKES
JUN 1 9 2009
EXAMINER

Florida Department of State Division of Corporations June 15, 2009

To whom it may concern,

We are filing an amendment to change the name of our company as well as the address. We may be reached at 561-251-7421 or 954-304-6022. Our return address is:

6512 NW 99th Ave Parkland, Fl. 33076

Sincerely,

Steve Kirshenbaum

COVER LETTER

| FO: Registration Section Division of Corporations |
|--|
| SUBJECT: Pyramid Learning Concepts, LLC Name of Limited Liability Company |
| 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: |
| Steve Kirshenbaum |
| Steve Kirshenbaum Name of Person Pyramid Learning Concepts LLC Firm/Company |
| 6512 NW 99th Avc. |
| Parkland, FL 33076 |
| Parkland, FL 33076 City/State and Zip Code Steve K@ beyondtutoring. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Celia Barranon at (954) 304-6022 Name of Person Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\sim \text{\$30.00 Filing Fee & Status}\$\$ Certificate of Status \$\sim \text{Certified Copy (additional copy is enclosed)}\$\$ 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

| Pyramid Learni | ing Concepts, LLC |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document numberLO30005542 | were filed on 12 26 07 and assigned |
| This amendment is submitted to amend the following: | oility company here: |
| A. If amending name, <u>enter the new name of the limited liab</u> | illity company here: |
| SAT Preparation 6. The new name must be distinguishable and end with the words "Limi | roup, LLC |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | Parkland, FL 33076 |
| (Principal office address MUST BE A STREET ADDRESS) | Parkland, FL 33076 |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | 6512 NW 99th Ave. Parkland, FL 33076 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| 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 = Ma $MGRM = Ma$ | anager Managing Member | | |
|----------------------|-----------------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D Ifamen | ding any other information, enter | r change(s) here: (Attach additional sheets, if necessar | |
| D. II amen | | Tenange(s) nere: (Anach adamonas sheets, y necessar | |
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| _ | | The second | |
| Dated | 6/10/09 | June 10th, 2009 | |
| | Signature of a Steve Ki | member or authorized representative of a member | |
| | STEVE AT | Typed or printed name of signee | _ |

Page 2 of 2

Filing Fee: \$25.00