

L05000057209

(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



800068621168

03/27/06--01032--008 **31.00

FILED
2006 MAR 27 PM 2:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 29 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEU Studies, 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:

Donna Spooner, Ph.D. or Maudine Blair, Ph.D.

(Name of Person)

CE Studies, LLC

(Firm/Company)

PO Box 12337

(Address)

Tallahassee, Florida 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Spooner, Ph.D.

(Name of Person)

at (850) 580-2600

(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

FILED
2006 MAR 27 PM 2:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CEU Studies, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on June 9, 2005 and assigned
document number L05000057209.

SECOND: This amendment is submitted to amend the following:

Article 1. The name of the Limited Liability Company is: CE Studies, LLC

FILED
2006 MAR 27 PM 2:03
TALLAHASSEE, FLORIDA

Dated March 24, 2006.

Donna Spooner Ph.D.
Signature of a member or authorized representative of a member

Donna Spooner, Ph.D. Maudine Blair, Ph.D.
Typed or printed name of signee