

LD5000083440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

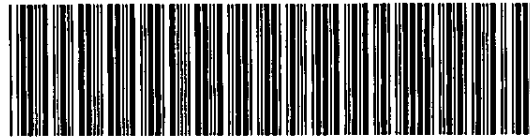
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Giffen AUG - 6 2013

Smart Books International

5237 Summerlin Commons Blvd.
Suite 201
Fort Myers, FL 33907
239-275-2213, 239-292-1316
admin@smartbooksintl.com

August 1st 2013

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

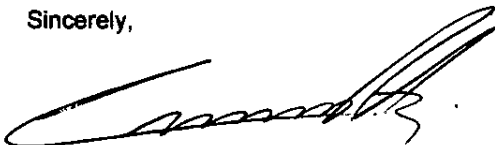
Dear Sir or Madam:

I am sending you a copy of the amendment made to our corporation about the change of the name of the corporation. Our DBA name remains the same: "Smart Books International".

Our mailing address remains the same at 5237 Summerlin Commons Blvd. Suite 201
Fort Myers, FL 33907

Should you have any questions, you can call me directly at my cellphone 239-292-1316 or
you can call me at my office 239-275-2213

Sincerely,



Mrs. Celeste P. Cohen

Please see attached documents.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renaissance Child Care 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:

Celeste P. Cohen

Name of Person

DBA: Smart Books International

Firm/Company

5237 Summerlin Commons Blvd. Suite 201

Address

Fort Myers FL 33907

City/State and Zip Code

admin@smartbooksintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste P. Cohen

Name of Person

239 292-1316

at ()

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**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Renaissance Child Care 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 8-23-2005 and assigned
Florida document number L05000083440.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Renaissance Educational Resources LLC

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)

Mailing Address is still the same:

5237 Summerlin Commons Blvd. Suite 201
Fort Myers FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

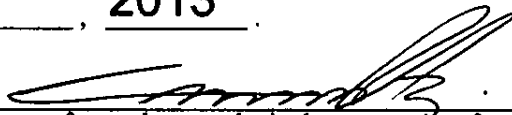
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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.)

Dated August 1st, 2013



Signature of a member or authorized representative of a member

Celeste P. Cohen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA