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(Re	equestor's Name)			
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SECRETARY OF STATI

D. BRUCE

DEC 28 2007

EXAMINER

COVER LETTER

TO: Registration Solivision of Co					
SUBJECT: DAY TR	ADING TUTOR LLC				
	(Name of Lin	nited Liability Company)			
The enclosed Articles of	`Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	DANGER ALVAREZ	······································			
		(Name of Person)			
	DAY TRADING TUT	OR LLC (Firm/Company)			
	14411 COMMERCE				
		(Address)			
	HIALEAH, FL 33016	TOTAL CONTRACTOR OF THE CONTRA		07 SE	
•		(City/State and Zip Code)		OEC CRET	tare A
For further information of	concerning this matter, please of	call:		28 ASSE	enterenten enterenten en
DANGER ALVAR	EZ	at (786) 344-2290			
(Name	of Person)	(Area Code & Daytime T	elephone Number)	AH 10: L9 OF STATE E. FLORIDA	7.700 mg
Enclosed is a check for t	he 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 Certificate of Certified Co (additional c	f Status &	

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 ARTICLES OF ORGANIZATION

OF DAY TRADING TUTOR LLC (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Lial	bility Company were filed on MARCH 8, 20	006 Zand assigned
Florida document number <u>L06000024976</u>	·	CRE C
This amendment is submitted to amend the follow	wing:	28 AM ASSEE, F
A. If amending name, enter the new name of t	the limited liability company here:	10: 49 STATE FLORID
The new name must be distinguishable and end with	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
The new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records,	
"L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records,	
"L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records,	enter the name of the new
"L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, ice address here: (Enter Florida:	enter the name of the new

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SANDRA MARCELIN	805 E 19TH ST HIALEAH, FL 33013	Add ✓ Remove
MGR	JOSE E. LORA	10060 NW 9 ST CIR MIAMI, FL 33172	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	ssary.)
Al	RTICLE II CHANGES:		
NI	EW STREET ADDRESS OF PR	INCIPAL OFFICE OF THE LIMITED LI	ABILITY
	OMPANY IS:		O TAL
14	1411 COMMERCE WAY, SUITE	410	7 DEC
	IAMI LAKES, FL 33016		C 28
_		07/	
Daleu <u>323</u>	(AC		AH 10: 19 OF STATE E.FLORID
	Signature of a men	ber of authorized representative of a member	_
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00