LD0000093994

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	·
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER *

	ivision of Corp			
SUBJECT		ONLINE TRAFFIC SCHOO	LS LLC	
SOBJECT	•	Name of Limit	ed Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retu	ırn all correspon	dence concerning this matter t	o the following:	
•		•		
			Name of Person	
		AMERICAN SAFETY HO	DLDING	
			Firm/Company	
		225 E. Robinson St. Suite	570	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		info@floridaincorporationse	ervice.com o be used for future annual report notific	estion)
For furthe	r information co	oncerning this matter, please ca		ationy
JEFFREY	Y R PAIRAN		800 370-2942 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number L06000093994		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	225 E. Robinson St.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 570	
	Orlando, FL 32801	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	•	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maria Valadez	225 E Robinson St Ste 570	Add
-		Orlando, FL 32801	■ Remove
			Change
AMBR	Jeffrey R Pairan	225 E Robinson St Ste 570	∃ Add
		Orlando, FL 32801	☐ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
			Remove Change Change ORIDA Remove
			Change

Everything else is to stay the same	2.	
If the date inserted in this block ment's effective date on the Depar ecord specifies a delayed ef e 90th day after the record	specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requestrement of State's records. Flective date, but not an effective time	quirements, this date will not be liste
Angust 22	2010	
August 22,	·	~
August 22,		
Olhusan	nature of a member or authorized representative of a	77.71

Filing Fee: \$25.00