

W06 000 100001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

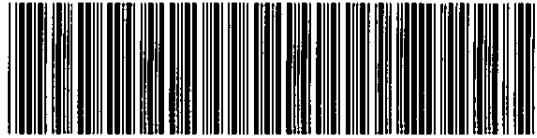
(Business Entity Name)

(Document Number)

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2010 JAN 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

T. CLINE

JAN 27 2010

EXAMINER

W06-100001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Citations traffic school
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:

Gabrielle Labossiere
Name of Person

All Citations traffic school
Firm/Company

H176 n. SR 7
Address

Lauderdale Lakes, fl 33319
City/State and Zip Code

allcitationstrafficsschool@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabrielle Labossiere at (954) 607-8823
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

All Citations Traffic School, 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 10-13-06 and assigned Florida document number LO6008100001.

This amendment is submitted to amend the following:

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

All Citations Traffic School & Multi Services, 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)

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TALLAHASSEE FLORIDA

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

Title	Name	Address	Type of Action
MGRM	Karl-Fitz Eugene	4176 n. SE 7 Lauderdale Lakes FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Evelyne Labossiere	4176 n. SE 7 Lauderdale Lakes FL 33319	<input type="checkbox"/> Add <input checked="" 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.)

Classes for traffic school, Taxes, sell eyeglasses
Phone Services, Payment center, sell calling
cards etc....

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 JAN 26 AM 11:12

FILED

Dated Jan 19, 2009.

[Handwritten Signature]

Signature of a member or authorized representative of a member
Gabrielle Labossiere
Typed or printed name of signee