L07000019855

(R	equestor's Name)			
(A	ddress)	·		
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D. BRUCE

JUL 29 2008

EXAMINER

COVER LETTER

TO: Régistration So Division of Cor					
_{SUBJECT:} Coast L	aw, LLC				Ð
		ited Liability Company)			_
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Kristen D. Drake				
		(Name of Person)			
	Coast Law, LLC				
		(Firm/Company)		J _C 0	
	PO Box 15713			ECS PECS	emegan ĝ
		(Address)		08 JUL 28 SECRETAR ALLAHASS	Established MARINDOLLA
	Fernandina Beach, FL 32	2035		F1-5	(" \
		(City/State and Zip Code)		PH 1: OF STA	farmer f a (
For further information c	concerning this matter, please c	all:		AND A	
Kristen D. Drake		at (904) 557-1884			
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)	
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)	Certified	ite of Status &	osed)

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

Coast Law, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L07000019855</u>	ompany were filed on <u>02/21/2007</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Education On Point, LLC		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		D 0
(Principal office address MUST BE A STREET ADDRE	ESS)	
	 	AHASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Lung Co. Time Statement Co.
	<u> </u>	RAIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addr		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	(Enter Florida street address)	
	, F	lorida
	(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 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>	Type of Action
MGR	Robert E. Drake, Jr.	PO Box 15713	_ T Add
•		Fernandina Beach, FL 32035	Remove
· 			Add Remove
			Add Remove
			Add Remove
			Add Remove
	 		Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			OS JUL 28 SEGRETAR
	0000		
Dated July 23	Kust D. D.	nake	STATE STATE
	_	or authorized representative of a member	
-	Kristen D. Drake Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00