

L07000115553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

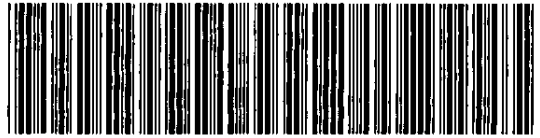
Special Instructions to Filing Officer:

**A. LUNT**

MAR -2 2010

**EXAMINER**

Office Use Only



200170677432

03/01/10--01037--012 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR -1 PM 4:07

FILED

**. COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NEWPOINT EDUCATION PARTNERS 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:

CARLA LOVETT  
Name of Person

NEWPOINT SCHOOLS  
Firm/Company

1515 JUNE AVE  
Address

PANAMA CITY, FL 32405  
City/State and Zip Code

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

For further information concerning this matter, please call:

CARLA LOVETT at 850 215 0770  
Name of Person 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR - 1 PM 4:07

FILED

**Newpoint Education Partners LLC**

Page 1 of 2

FILED  
2010 MAR 1 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
MGMR	May, Marcus N	526 S Main St Akron, OH 44311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Johnson, Neil	20729 Queen Alexandra Dr Leesburg, FL 34748	<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

FILED  
2010 MAR - 1 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated February 1, \_\_\_\_\_, 2010.

*Carla J. Lovett*

Signature of a member or authorized representative of a member

**Carla Lovett**

Typed or printed name of signee