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Special Instruction				

A. LUNT

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EXAMINER

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SÉCRE JARY OF STATE TALLAHASSEE, FLORIDA

. 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
NEWPOINT SCHOOLS Firm/Company 1515 JUNE AVE Address PANAMA CITY FL 3240841
DANAMA CITY FL 32405 5. 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 (\$50 215 0770) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$} \text{\$\text{\$\subset\$}\$} \

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

Navinaint Education Dartners 11.0

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears	s on our records.)		
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	1/15/2007	and assigned	
This amendment is submitted to amend the following:			$\frac{1}{1}$	
A. If amending name, enter the new name of the lin	nited liability company hero	2:	A SECOND	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ny," the designation	SE -	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)		IIA E OR DA	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ur records, <u>ente</u>	r the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street a	ddress	
		. Florida	da.	
	City	, Fiorida _	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							
<u>Title</u>	Name	Address	Type of Action				
MGMR	May, Marcus N	526 S Main St Akron, OH 44311	Add ⊠ Remove				
MGMR	Johnson, Neil	20729 Queen Alexandra Dr Leesburg, FL 34748	☐ Add ■ Remove				
			Add Remove				
		TALLAHASSEE, F	Add				
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	Add Remove				
Dated <u>Februar</u>		_ la J. Lovetb					

Signature of a member or authorized representative of a member

Carla Lovett

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00