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SECRETARY OF STATE
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D. BRUCE

MAY 0 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTESSORI ACADEMY 2007 YEARBOOK COMMITTEE

Name of Limited Liability Company

The enclosed Articles of A	Amendment and fee(s)	are submitted for filing.
----------------------------	----------------------	---------------------------

Please return all correspondence concerning this matter to the following:

		DANIEL BENITEZ Name of Person		-		
	MONTESSORI ACA	DEMY YEARBOOK COM	MITTEE, LLC	_		
		Firm/Company				
	1	9200 PINES BLVD.				
		Address		-		
	PEMB	ROKE PINES / FL 33029		SECR ALLA	09 MAY	-ي-
		City/State and Zip Code		HAT.	Ψ-	<u></u>
	db	enitez@bellsouth.net		SSE	7	
	E-mail address: (t	o be used for future annual report notif	ication)	m P	PH	THE
For further information cor	ncerning this matter, please c	all:		SI.	PH 12:	O
DANIE	EL BENITEZ	at (_954_)	435-4622	ATE RIDA	22	
Name of I	Person	Area Code & Daytim	e Telephone Numbe	er		
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	l) Certifie	iling Fee cate of St ed Copy onal copy	tatus &	

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**

MONTESSORI ACADEMY 2007 YEARBOOK COMMITTEE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

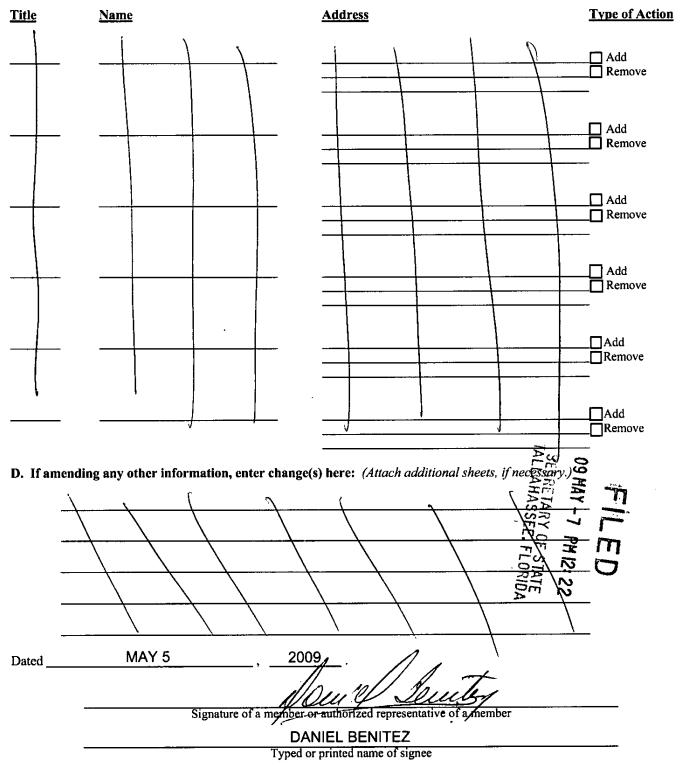
The Articles of Organization for this Limited Liability Company village of Company villag	were filed on	12/17/2007	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u>	:			
MONTESSORI ACADEMY YEAI	RBOOK COMM	IITTEE, LLC. 💆 ഗ	• •		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compan	y," the designation "El	C" or the abbreviation		
Enter new principal offices address, if applicable:	19200 PINES	BLVD. SSA	1		
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE F	PINES, FL 33029	ु ।		
			,		
Enter new mailing address, if applicable:	•	RIGHT	22		
(Mailing address MAY BE A POST OFFICE BOX)			$\overline{}$		
(Manning anaress MAT BE A FOST OF FICE BOX)			$\overline{}$		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, enter th	ne name of the new		
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 the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance d providęd for in Ch	of my duties, and I at apter 608, F.S. Or, i	m familiar with and if this document is		

Page 1 of 2

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



Page 2 of 2

Filing Fee: \$25.00