## L0800000234/

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DIVISION OF CORPORATION

T. HAMPTON

AUG 3 0 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corp.			
SUBJECT:		NTEVERLISES LLC ited Liability Company	<u>-                                      </u>
		and Educately Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	RICH	Name of Person	
	VIZAS E	ENTERPLISES LLC Firm/Company	
	39.05	Brookmyra Dr Address	.(Úť
	Ollan	Lo, FL 32837 City/State and Zip Code	
	F-mail address: (t	V1245 1. COM to be used for future annual report notificati	on)
For further information cor	ncerning this matter, please ca	all:	
RICLTATUS Name of I	W12E	at ( <u>407)</u> 506 - 51 Area Code & Daytime Te	2 52 Elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF** The Articles of Organization for this Limited Liability Company were filed on and assigné Florida document number L0800000234 /. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

7

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 = Ma MGRM = N	nnager Managing Member		
Title.	<u>Name</u>	Address	Type of Action
MGR	CAROLE A. WIZE	3905 Blooknyra Dr. Orlando IFL 32837	Add Remove
MGR	RICHARD F. WIZE	3905 BLWKMYNN Dr Orlando FC 32837	Add Remove
<u>MGRM</u>	RICHARD WIZE	3905 BROOKHYVA Dr. Orlando FL 32837	Add Remove
			Add Remove
			Add Remove
			Add Remove
_	Jease change The	He(s) here: (Attach additional sheets, if necessary.  THE GOV PICITING WI  FROM MGR TO MGRA  THANK YULL	125
/	Signature of a member	r or authorized representative of a member  20 W12E  For printed name of signee	SKS TONS

Page 2 of 2

Filing Fee: \$25.00