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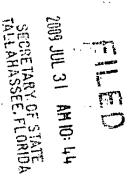
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T. CLINE

AUG - 3 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	СТ:	Westbay C	areer School, LLC			
	•	Name of Lim	ited Liability Company			
The enc	losed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	r to the following:			
			Wayne Redwood			
			Name of Person			
			Firm/Company			
		2.	7212 Foamflower Blvd			
	2009 J	~				
			JUL 31 KETARY AHASSE	ON THE ST		
	wayner01@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	ner information	concerning this matter, please of		,	AN IO	FI C
	_	yne Redwood	u(07-8961	33*	
	Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed	d is a check for t	the following amount:				
₹ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &)

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

Westbay Caree (Name of the Limited Liability Compar (A Florida Limited L	r School, LLC ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on02/11/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
Westbay Col	lege, LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	27212 Foamflower Blvd.	2009 FAL
(Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, FL 33544	AM E TI
Enter new mailing address, if applicable:		3 AM ID:
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	Emer Fioriaa Street	uuu ess
	City , Florida	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>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			HASSEE Remove		
			Remove T		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar			
_					
			<u></u>		
Dated	,				
	es Cl				
	· ·	r or authorized representative of a member			
	Typed	F REDWOOD or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00