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AUG 2 6 2008

**EXAMINER** 



000134804700

08/25/08--01035--008 \*\*25.00

## **COVER LETTER**

TO: **Registration Section Division of Corporations** LEARH INC (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: (Firm/Company) For further information concerning this matter, please call:

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

Tallahassce, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAR LEARN		c_		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear iability Company)	rs on our recor	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	2/19/20	208 and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>'e</u> :		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	any," the designa	ation "LLC" or the	e abbreviation
Enter new principal offices address, if applicable:	(663)	NORTH	BOCAYNE	River De
(Principal office address MUST BE A STREET ADDRESS)	MIAM	1, FC	33169	D.
Enter new mailing address, if applicable:			8 AUG 25	FILE SECRETARY ISON OF SC
(Mailing address MAY BE A POST OFFICE BOX)			PH 2:	<u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on (	our records, <u>s</u>	20	증류 of the new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	(F.	ntay Flavida at	root address)	***************************************
	(Enter Florida street address)			
	(City)	, Flori	ida (Zip Co	

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

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 = N	Managing Member		
Title	<u>Name</u>	Address	Type of Action
MLR	Day SHAPIPO	3039 NE 183 LANE AUSTORA, PC 33160	Add Remove
MGR	BONNIE WOLF	13733 NW 15 STREE Pombroke Pines, FL 33029	Add Remove
			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
			·
	$\Omega = f$ $sT$ $200$		_
Dated	High the second		
	Jeffer	r authorized representative of a member  Lychantel printed name of signee	

Page 2 of 2

Filing Fee: \$25.00