

W08000019198

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000183220 3)))



H090001832203ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

09 AUG 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 17 AM 8:58

FILED

AMND/RESTATE/CORRECT OR M/MG RESIGN

HELPING EMOTIONS AND LEARNING PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

Help
AUG 18 2009

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

8/17/2009

HO9000183220

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HELPING EMOTIONS AND LEARNING PARTNERS, 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 were filed on 02/22/2008 and assigned
Florida document number L08000019198

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
"LLC."

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:

MAURICE TZORFATI

New Registered Office Address:

1150 EAST HALLANDALE BEACH BLVD. SUITE D

Enter Florida street address

HALLANDALE BEACH

Florida

33009

City

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 606, 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

Page 1 of 2

HO9000183220

FILED
2009 AUG 17 AM 8:59
TALLAHASSEE FLORIDA
SECRETARY OF STATE

409000183220

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

Title	Name	Address	Type of Action
MGR	MAURICE TZORFATI	1150 EAST HALLANDALE BEACH BLVD SUITE D HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	ERIC REZNIK	1150 EAST HALLANDALE BEACH BLVD SUITE D HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ERIC REZNIK	1150 EAST HALLANDALE BEACH BLVD SUITE D HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2009 AUG 17 AM 8:59
SECRETARY OF STATE
ALLAH

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Signature of a member or authorized representative of a member
MAURICE TZORFATI
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

409000183220