L08000048344

·
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
,

Office Use Only



000134805790

08/25/08--01020--024 **60.00

SECRETARY OF STATE DIVISION OF CORPORATIONS OF STATE OF S

J. BRYAN

AUG 2 6 2008

EXAMINER

COVER LETTER

MAILING ADDRESS:

TO:

Registration Section,

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**

Learning and Disc	overy School LL.C.
(Name of the Limited Liability Comp (A Florida Limited	pany as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 5/14/08 and signed 3
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and end with the words "Lin'L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12909 West Selma Ave. TAMPA, Fl 33635
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12909 West Selma Ave. TAMPA, Fl 33635
Mulling dudress MAT BE A FOST OFFICE BOAT	V 447 p. R. , 1-1 33630
B. If amending the registered agent and/or registered orgistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address: /2909	West Selma Ave. (Enter Florida street address) PA , Florida 33635 (City) (Zip Code)
	(Enter Fiorida street adaress)
	(City), Florida 33630 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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:

<u> [itle</u>	<u>Name</u>	Address	Type of Action
		·	Add
			Remove
			
			Add Remove
			_ _f Add
			Remove
			_
			Add Remove
			_
			Add
			Remove
			_ 「 Add
			Remove
). If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
, il amend	ang any other mormation, enter that	ige(s) here: (Mach adamonal sheets, if hecessary.)	1.80 Э.8. Э.8. Э.8. Э.8. Э.8. Э.8. Э.8. Э
			SECRE DIVISION 08 AUG
			FILE FOF CO 3 25
			STATE DRATIC
			OF STATE ORPORATIONS PH 4: 31:
Pated	July 07 . 20	008	STATE DRATIONS
Pated	Suly 07. 20 Elizabeth C. Profiguration of a member of	um -	STATE STATIONS

Page 2 of 2

Filing Fee: \$25.00