408000056409

(Requestor	s Name)
(Address)	
(Address)	<u> </u>
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

CURIFCT.

Giant Leap Learning Center, LLC

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:

Bridgette B. Bauer

Name of Person

Giant Leap Learning Center, LLC

Firm/Company

3925 Grissom Parkway

Address

Cocoa, Florida 32926

City/State and Zip Code

bridgette.bauer@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgette B. Bauer

Name of Person

321, 360-9028

Area Code & Daytime Telephone 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)

■\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

Giant Leap Learning Center,			
(Name of the Limited Li	ability Company a	s it now appears on our records.) lity Company)	
(Ari	orida Limited Liabi.	nty Company)	
The Articles of Organization for this Limited Liab	ility Company wer	re filed on 06/06/2008	and assigned
Florida document number L08000056409			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	re limited liability	company here:	
71. If alliending mane, enter the new mane of the	to minited intolling	CAMPBELL HOLE.	72
The new name must be distinguishable and end with t "L.L.C."	ne words "Limited I	Liability Company," the designation "	LLC or inevaporeviation
			52 - 1
Enter new principal offices address, if applicab	le: _	1999 444	
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>		T 2
			क स
	_		자의 의
Enter new mailing address, if applicable:			**
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or		address on our records, enter	the name of the new
registered agent and/or the new registered offic	e address nere:		
	Dridgette D. D.		
Name of New Registered Agent:	Bridgette B. Ba	auer	<u> </u>
New Registered Office Address:	3925 Grissom	Parkway	
		Enter Florida street add	dress
	Cocoa		2926
		ity , Fiorida	Zip Code
New Registered Agent's Signature, if changing Reg	<u> istered Agent:</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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Petra A. Craig	3925 Grissom Parkway	Add
		Cocoa, Florida 32926	Remove
MGRM	Richard H. Craig	3925 Grissom Parkway	Add
		Cocoa, Florida 32926	Remove
MGRM	Bridgette B. Bauer	3925 Grissom Parkway	Add
		Cocoa, Florida 32926	Remove
			2112 AEC
			Remove Remove
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			Remove
,			Add
			Remove

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f åmending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
1	
•	
_d December 3	2012
	Mauer
Signature o	f a member or authorized representative of a member
Bridgette B. Bauer	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00