## L08000111952

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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FILED 2000 DEC 29 PM 3: 2: SECRETARY OF STATE

C. LEWIS

DEC 2 9 2008

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations
SUBJECT: Ed-Lit. LLC Partners in Literacy (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:
Salika Lawrence (Name of Person) Ed-Lit, LLC
(Firm/Company)
974 Crestwood Commons Ave.
Ocoee FL 34761 (City/State and Zip Code)
For further information concerning this matter, please call:
Salika Lawrence at (917) 972-2537 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

**December 12, 2008** 

SALIKA LAWRENCE PARTNERS IN LITERACY, LLC 974 CRESTWOOD COMMONS AVE. OCOEE, FL 34761

SUBJECT: PARTNERS IN LITERACY, LLC

Ref. Number: L08000111952

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 108A00060175

MECEJVED
2008 DEC 30 AM 8: 00
SECRETARY OF STATE
ALLAHASSEE.FLORIDA

## ·ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2008 DEC 29 PM 3: 25

SECRETARY OF STATE TALLAHASSEE, FLORIBA

Partners	In Literacy, LLC	IALLAHASSUS, I Comm.
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on 125 3	and assigned
Florida document number <u>Lo 8000 111 952</u>	·	
This amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	K, LLC. words "Limited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		- <u>-</u>
	(Enter Flor	ida street address)
	(City)	, Florida
	(~.,,,,	(Lip Cone)

New Registered Agent's Signature, if changing Registered Agent:

4 . S. J.

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 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 Type of Action <u>Title</u> <u>Name</u> **Address** Remove . ☐ Add Remove ☐ Remove \_ Add Remove ☐ Remove Add Remove 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

Page 2 of 2

Salika Lawrence

Filing Fee: \$25.00

Typed or printed name of signee