L0900000 2294

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FILED 99 OCT 22 AM II: 13 SECRETARY OF STATE

D. BRUCE

OCT 23 2009

EXAMINER

COVER LETTER

Division of Corporations Uppertop Educational Seminars SUBJECT: 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: Annette A. Burke Name of Person Uppertop Educational Seminars Firm/Company 357 SW Ridgecrest Drive Address Port Saint Lucie, FL 34953 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Annette A. Burke at (321) 693-5682

Area Code & Daytime Telephone Number 693-5682 Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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



October 14, 2009

ANNETTE A. BURKE 357 SW RIDGECREST DRIVE PORT ST LUCIE, FL 34953

SUBJECT: UPPERTOP EDUCATIONAL SEMINARS LLC

Ref. Number: L09000002294

We have received your document for UPPERTOP EDUCATIONAL SEMINARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

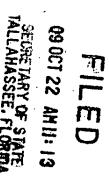
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 709A00032957



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uppertop Educat	tional Semina	rs		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear: .iability Company)	s on our records.		
(·····•, - ····•,			
The Articles of Organization for this Limited Liability Company	were filed on	01/08/2009	_ and assigned	
Florida document numberL0900002294				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company hero	2:		
Uppertop School of Modeling a	and Self-Improve	ement LLC		
The new name must be distinguishable and end with the words "Limi	ted Liability Compar	ny," the designation "LLC	C" or the abbrevi	ation
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			≱ယ္ 🕿	<u></u>
			∑	
			AND TO	
Enter new mailing address, if applicable:	Post Office Bo	x 8594	SEX XX	
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Luc	zie, FL 34985	<u> </u>	H
			西州 ム	
B. If amending the registered agent and/or registered of	fice address on o	ur records, enter the	>> name of the	new
registered agent and/or the new registered office address her	e:			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Ent	er Florida street addres	is .	_
		was to		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		*	
THE AMERICAN ARCHES DISTIBLIES IN CHARGEMS INCRESSIVED WESTER				

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> Name <u>Address</u> **Type of Action** MGR Charles S Foster 357 SW Ridgecrest Drive Port Saint Lucie, FL 34953 ☐ Add ∇ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove D. If

<u></u>	AddRemove
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TARY OF A
Dated	10/16/09 - Thuethe SSC
	Signature of a member or authorized representative of a member Invette Suvice
	Page 2 of 2

Filing Fee: \$25.00