

L09000003964

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.

(((H09000191580 3)))



H090001915803ABCD

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 : DERHY FINANCIAL SERVICES LLC
Account Number : 1200900000059
Phone : (786) 380-3472
Fax Number : (305) 374-8833

FILED
09 AUG 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FCAT TUTORING, LLC

D. BRUCE

AUG 31 2009

EXAMINER

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

09 AUG 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCAT TUTORING, 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:

DVIR DERHY

Name of Person

DERHY FINANCIAL SERVICES LLC

Firm/Company

99 NW 183RD ST # 138

Address

MIAMI, FL 33169

City/State and Zip Code

DVIR@BELLSOUTH.NET

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

FILED
09 AUG 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DVIR DERHY

Name of Person

at (786)

3803472

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**

FCAT TUTORING, 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 01/13/2009 and assigned
Florida document number L09000003964.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1451 W. CYPRESS CREEK ROAD # 374
FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 W. CYPRESS CREEK ROAD # 374
FORT LAUDERDALE, FL 33309

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:

ANTWAN OLIVER

New Registered Office Address:

1773 N. STATE RD. 7 # 101

Enter Florida street address

LAUDERDALE

Florida

33313

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 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.

(Signature)
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

Title	Name	Address	Type of Action
P	LAREA IZIDOR	1918 HARRISON ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	LAREA MICHELLE	1918 HARRISON ST HOLLYWOOD, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	BURRIS TORA	2017 NW 46TH AVE # 409-A LAUDERDALE, FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	BURRIS TORA	2017 NW 46TH AVE # 409-A LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
09 AUG 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____

Signature of a member or authorized representative of a member
LAREA IZIDOR

Typed or printed name of signee