

L090000004086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

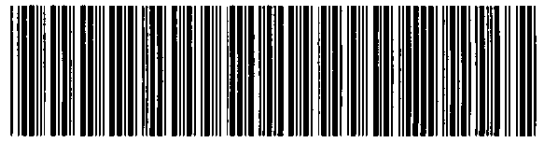
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 24 2009

EXAMINER

CHUHAK & TECSON, P.C.

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July 14, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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09 JUL 23 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: The Zaitek Institute, LLC (L09000004086)

Dear Sir or Madam,

Enclosed are the Articles of Amendment, in duplicate, for the above-referenced Florida limited liability company, along with a check in the amount of \$55.00 in payment of the filing and certified copy fees. Please process the filing as appropriate and return a certified copy to my attention in the enclosed envelope.

If you have any questions, please do not hesitate to call me at 312-855-4601.

Sincerely,



Paul Foreman, Corporate Paralegal

PF:

Enclosures

cc: Thomas F. Bennington, Jr.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Zaitek Institute, 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 January 13, 2009 and assigned
Florida document number L09000004086.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____

(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.

(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>	<u>Address</u>	<u>Type of Action</u>
MGR	John Jost, Jr.	3960 Deer Crossing Court, Apt. 102 Naples, Florida 34114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John Jost, Sr.	15322 Scarborough Court Chesterfield, Missouri 63017	<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
			<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.)*

Dated June 15, 2009

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 TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member
John Jost, Sr., Member

Typed or printed name of signee