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EXAMINER

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2009 HAY 15 PH 2: 17
SECRETARY OF STATE
AND ASSEF FI ORIDA

COVER LETTER

TO:	Registration Solvision of Co					
SUBJE	CT·	A+ Education	onal Mapping, LLC			
SOBJE	C.,	, , , , , , , , , , , , , , , , , , , 	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		M	lanoucheka Thermitus			
			Name of Person			
		A+ E	ducational Mapping, LLC	····		
			Firm/Company		7	
	24 NE 47 Street		1600 V			
			Address		2009 HAY 15 SECRETARN	
	Miami, FL 33137					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	PA PA	[1
		mt E mail address:	hermitus@yahoo.com to be used for future annual report notifi	ontion)	PH 2: 17 OF STATE E. FLORIDA	N _{an} a
For furth	ner information of	concerning this matter, please of	•	Cations	7 E DA	
• • • • • • • • • • • • • • • • • • •		cheka Thermitus	at ()	467-2115		
	Name o	of Person	Area Code & Daytime	Telephone Number	r	
Enclose	d is a check for t	he following amount:				
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	ite of Status &	sed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32:	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A+ Educationa	al Mapping, LLC	<u> </u>			
(<u>Na</u>	ne of the Limited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	s on our records.	.)		
The Articles of Organization for	or this Limited Liability Compar	ny were filed on	April 9, 200	9	and assi	gned
Florida document number	L09000034354					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited lia	bility company here	;			
	"A+" Educationa	al Mapping, LLC				
The new name must be distingui "L.L.C."	shable and end with the words "Lir	mited Liability Compar	y," the designation	on "LLC"	or the al	obreviation
Enter new principal offices a	ddress, if applicable:			TAS:	200	<u>.</u>
(Principal office address MUS	ST BE A STREET ADDRESS)			LAH	9 НДҮ	Бн
				ASS SS		
				EE Y	5 PH	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				S TA FLOR	<u>∵</u>	
				ATE RIDA	: 7	
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0 0	red agent and/or registered of ew registered office address he		ur records, <u>en</u> t	ter the n	name of	the new
Name of New Regist	ered Agent:					
New Registered Office	ce Address:					
		Enter Florida street address				
				a		
		City		Z	ip 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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
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		ALLA	2009 A dd
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D If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.	
	ang any other mior mation, enter e	nunge(s) nerer (Amuer adamerat sheets) y necessary,	·
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Dated	, ,, ,, ,, ,, ,	——·/ /	
	Signature of a mo	ember or authorized representative of a member Manoucheka Thermitus	<u></u>
	7	MGNOUCNELA INPYVIITIOS Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00