## L09000054938

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09 JUN 15 PM 2: 15

T. HAMPTON
JUN 1 6 2009
EXAMINER

t	,		COVER LETTER			
TO:	Registration Division of C					
SUBJI	ECT:	THE LANGU	AGE STUDIO, LLC.			
	<del>1 = 1</del>	Name of Lim	ited Liability Company			
The en	eclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corres	pondence concerning this matter	to the following:			
			SANDRA WOLF	<u></u>		
			Name of Person			
			Firm/Company			
		14	4032 ST. LEO COURT	Firm/Company ST. LEO COURT Address NDO, FL 32826		
		,				
			City/State and Zip Code			
		SAND	RA_WLF@YAHOO.COM			
			to be used for future annual report notifica	ation)		
For fur	ther information	concerning this matter, please of	eall:			
		NDRO PICHARDO		86-3320		
	Name	of Person	Area Code & Daytime 1	Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	24.11	LING ADDDGG	<b>677.7.7.7.</b> 66.447.44			

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

THE LAN	<u>IGUAGE STUDIO, LI</u>	_C.		
( <u>Name of the Limited Liab</u> (A Flori	i <mark>lity Company as it now appea</mark> da Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	06/05/09	and assig	gned
Florida document numberL09000054938	·			
This amendment is submitted to amend the following	;:			
A. If amending name, enter the new name of the	imited liability company her	<u>·e</u> :		
THE LAN	GUAGES STUDIO, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LI	.C" or the ab	breviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	-	0	2
			ر 9	SEC
			≥	
Enter new mailing address, if applicable:			5	F CC
(Mailing address MAY BE A POST OFFICE BOX)			PH	RPOF
inning www.ss.mii BB/ii OS, OI 170B DON,	<del></del>		ΐ	ORA.
	<del></del>		5	<u> </u>
B. If amending the registered agent and/or re	gistered office address on	our records, <u>enter th</u>	e name <u>of</u>	the nev
registered agent and/or the new registered office a	iddress here:			
N. CN. D. Carrel A. and				
Name of New Registered Agent:	<u>, 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11</u>			
New Registered Office Address:	F.,	nter Florida street addr		
	En	uer Fioriaa sireei aaar	ess	
	City	, Florida	Zip Code	
	City		гір Соае	

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove,
			Add Remove
). If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CC 09 JUN 15
			CORPORATIONS  5 PH 2: 15
Dated	JUNE 09 ,	2009	

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Filing Fee: \$25.00