

LD9000074913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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10/30/09--01016--013... **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 30 PM 1:02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & A College Funds
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:

Evelyn Morales

Name of Person

Firm/Company

9383 NW 13th St

Address

Doral, FL 33172

City/State and Zip Code

evelynco@msn.com

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

For further information concerning this matter, please call:

Evelyn Morales

Name of Person

at (**786**) **255-0178**

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**

A & A College Funds

(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 08/04/09 and assigned
Florida document number L09000074913.

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)

4320 NW 107 Ave.

Doral, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9383 NW 13th St

Doral, FL 33172

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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

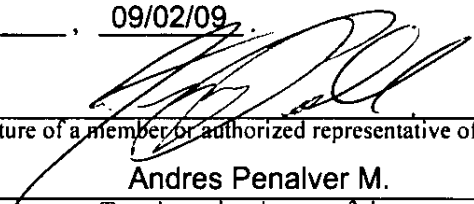
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Evelyn Morales	9383 NW 13th St Doral, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Andres Penalver M.	9383 NW 13th St Doral, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andres Penalver M.	9383 NW 13th St Doral, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andreina Penalver	9383 NW 13th St Doral, FL 33172	<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.)*

Dated Miami, 09/02/09



Signature of a member or authorized representative of a member
Andres Penalver M.

Typed or printed name of signee