(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
NC Amena		
'		

Office Use Only



300242227773

12/19/12--01006--018 \*\*30.00

2012 DEC 19 AM 8: 20

J. SAULSBERRY EXAMINER DEC 26 2012

## **COVER LETTER**

SUBJECT: Smart Start Academy, "L.L.C"  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:	
Valerie Moore Cineus	
Name of Person	
Smart Start Academy, L.L.C	
Firm/Company	٠.٠
PO BOX 260266	<b>₩</b> .a <sub></sub>
Address	77
PO BOX 260266  Address  Pembroke Pines, Florida 33026	
City/State and Zip Code	
LiLboogersacademy@yahoo.com	<b>2</b>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	ED R 20
Valerie Moore Cineus at (786 )274-0070  Name of Person Area Code & Daytime Telephone Number	
7 and could be Daysine Telephone (Author)	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

**MAILING ADDRESS:** 

Registration Section
Division of Corporations

TO:

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

Smart Start Academy, L.L.C		•		
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited L Florida document number L09000090705	iability Company	were filed on 09/21/09		and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
LiL' Boogers Academy, LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the desi	gnation "LLC	" or the abbreviation
Enter new principal offices address, if applic	able:	2600 S. University Drive	SEUR TALLA	2012 01
(Principal office address MUST BE A STREE	ET ADDRESS)	Miramar, Florida 33025		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX)	PO BOX 260266 Pembroke Pines, Florid	RY OF STATE SSEE, FLORIDA Ia 330 <b>26</b>	9 AM 8: 20
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address her	<u>.</u> ë:	, enter the	name of the new
Name of New Registered Agent:	Valerie Moo	re Cineus		
New Registered Office Address:	2600 S. Uni	versity Drive		<del>,.</del>
		Enter Florida s		
	Miramar	, Fl	orida <u>3302</u>	5 Zip Code
		City	4	sip Coae

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	valerie moore cineus	PO BOX 260266	Add
		Pembroke Pines, Florida 33026	Remove
MGR	Valerie Moore Cineus	PO BOX 260266	Add
		Pembroke Pines, Fl.33026	Remove
			Add
			Remove
		MILLAHASSI	A AMEN
		NSSEF, FLORIOA	Remove
			Add
			Kelilove
<del></del>			_ Add
			Remove

Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
ted -	. 1
<del> </del>	1/Kirin
	Signature of a member or authorized representative of a member
	Valerie Moore Cineus
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00