

LO9000091507

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amendment
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:

Sylvia Dorisme

Name of Person

Southwestern Vocational Training

Firm/Company

3100 Del Prado Blvd S. # 303

Address

Cape Coral, FL 33904

City/State and Zip Code

skdorisme@southwesternvocational.com

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

For further information concerning this matter, please call:

Sylvia Dorisme

Name of Person

at (239)

214-0717

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

FILED
11 AUG 11 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOUTHWESTERN VOCATIONAL TRAINING

(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 09/22/2009 and assigned Florida document number L09000091507.

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)

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11 AUG 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Elie Plancher

New Registered Office Address: 3100 Del Prado Blvd S. # 303

Enter Florida street address

Cape Coral, Florida 33904
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.

Elie Plancher
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	Elie Plancher	3100 Del Prado Blvd Cape Cora, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sylvia K. Dorisme	3100 Del Prado Blvd S. # 303 Cape Cora, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jean-Ronel Plancher	3100 Del Prado Blvd S. # 303 Cape Cora, FL 33904	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the follow:

Jean- Ronel Plancher title to MGRM

Sylvia Dorisme to title MGRM

Dated

5/14/2011

Signature of a member or authorized representative of a member

Sylvia K. Dorisme

Typed or printed name of signee

FILED
11 AUG 11 PM 01
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TALLAHASSEE, FLORIDA