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EXAMINER

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: All State TRAFFIC School LLC 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: |
| SANUEL A. MENARD |
| All State TRAPPIC School, LLC Firm/Company |
| 719 AVE Chaumant |
| DelRAY Neach, 1233445 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Samuel A- Menard at 561, 305-0806 Area Code & Daytime Telephone Number |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclo |

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

| Name of the Limited Liability Company as it now a | |
|---|--|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | any) |
| The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L09000120519</u> . | December 18, 2009 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compan | y here: |
| The new name must be distinguishable and end with the words "Limited Liability C "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ompany," the designation "LLC" or the abbreviation |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | TARY OF THE |
| | |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | on our records, enter the name of the new |
| Name of New Registered Agent: | |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Citv

Enter Florida street address

, Florida _

Zip Code

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 = M | nager Ianaging Member | | |
|----------------------|---|--|-------------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| <u>CEO</u> | Samuel A. MENARD | 719 AVE Chaumant DETRAY Deach FL 33445 | Add Remove |
| MGRM | Samuel N. MENARD | 719 AVE ChAUMENT DELRAY BEACH FL 33445 | Add Remove |
| MGRM | Samuel A. MENARD | 719 AVE Chaumont DEIRAY BEACH PL 33445 | Add Remove |
| | | | Add Remove Add Remove |
| <u>~</u> | Samuel A. Menard | s) here: (Attach additional sheets, if necessary.) 13 OME OF THE MANAGO | Add Remove |
| <u>Y</u> | Members and also PFFICER OF All Sta | The Chief Executiv | (L) |
| Dated | O1-15-2010, Muchip Member of a member of a ME Typed or | r authorized representative of a member NARD printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00