

L100000015851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

MAR - 8 2010

**EXAMINER**

Office Use Only



300163759063

300163759063  
02/16/10--01036--001 \*\*25.00

**FILED**

10 MAR - 2 PM 3:07

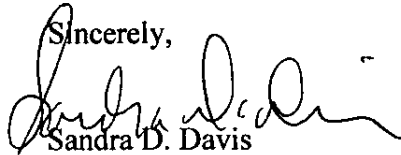
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 12, 2010

RE: Amendment  
Document Number:L10000015851

Dear Florida Department of State Division of Corp.,

I am writing to submit a name change for a new business. Included are the necessary forms to make such a change. My phone number is 813-383-4666 should you need any questions answered about my request.

Sincerely,  
  
Sandra D. Davis

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The New Tampa Tutor, 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:

Sandra D. Davis

Name of Person

New Tampa Tutors, LLC

Firm/Company

10638 Cory Lake Dr.

Address

Tampa, FL 33647

City/State and Zip Code

sadavis@tampabay.rr.com

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

For further information concerning this matter, please call:

Sandra D. Davis

Name of Person

at ( 813 )

383-4666

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2010

SANDRA D. DAVIS  
10638 CORY LAKE DRIVE  
TAMPA, FL 33647

SUBJECT: THE NEW TAMPA TUTOR, LLC  
Ref. Number: L10000015851

We have received your document for THE NEW TAMPA TUTOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 610A00003992

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

The New Tampa Tutor, LLC

**(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 02/10/10 and assigned Florida document number L10000015851.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

**New Tampa Tutors, LLC**

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:**

10638 Cory Lake Dr.

***(Principal office address MUST BE A STREET ADDRESS)***

Tampa, FL 33647

**Enter new mailing address, if applicable:**

~~10638 Gory Lake Dr.~~

**(Mailing address MAY BE A POST OFFICE BOX)**

~~Tampa, FL 33647~~

**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

**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>
_____	_____	_____	<input 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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

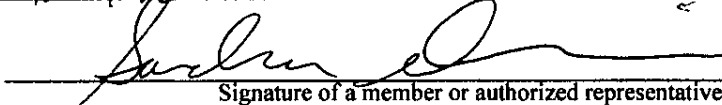
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 02/22/2010, 2010.

  
Signature of a member or authorized representative of a member

Sandra D. Davis  
Typed or printed name of signee

**FILED**  
10 MAR - 2 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA