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## **COVER LETTER**

TO:	Registration Division of	n Section Corporations				
SUBJE	:СТ:	Tabl	leware Ba	argains	s, LLC	
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Article	es of Correction and fee(s) a	are submitted	for filing.		
Please 1	return all corr	espondence concerning this	s matter to the	following	g:	
		Monica McCulloug	h		_	
		Name of Person			_	
		Educor Internationa	al		_	
		Firm/Company				
		7721 Cheri Ct			_	
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		T 51 00004	٠ 			
		Tampa, FL 33634			<u>.</u>	
		City/State and Zip Code				
E.	mmccul -mail address	lough@educorintern : (to be used for future annu	ational.ne	t fication)	_	
For furt	ther informati	on concerning this matter,	please call:			
	Mon	ica McCullough	at (		)889-0800	
	Na	me of Person		Area Co	de & Daytime Telephone Number	
Registra Division Clifton 2661 E	ation Section n of Corporat Building xecutive Cent	ter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	ssee, Florida ed is a check	for the following amount	:			
		_	•			
\$25	Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filio Certified		\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
IN FEB 25 PM
SECRETARY OF STATE

Tableware Bargins, LLC E. +LORIDA (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 February 18, 2010 and assigned L10000018772 Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tableware Bargains, 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
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			——————————————————————————————————————
D. If amen	ding any other information, en	ter change(s) here: (Attach additional shee	FILED 10 FEB 25 PH 12: 07 SLUNCIAKY OF STATE ALLAHASSEE, FLORID
	February 18	, <u>2010</u> .	DA NOA
	Mous X Signature of	a member or authorized representative of a me	ember
		/ Monica McCullough Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00