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J. BRYAN

MAY 18 2010

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	DA VINCI PRES	CHOOL ACADEMY, LL	.C	
SUBJECT:		nited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
		Fernando Azpurua Name of Person		
		Name of Person	6	
	Da '	Vinci Preschool Academy		
	Firm/Company			
	1	1901 Park Center Drive		
		Address	بن بن المال	
		Orlando, FL 32835	FILL PH 3: 34	
		City/State and Zip Code	<u> </u>	
	a	dmin@openvalley.com		
For further information	E-mail address: on concerning this matter, please	(to be used for future annual report noticall:	fication)	
Fe	ernando Azpurua	at (954)	441-0410	
	me of Person		ne Telephone Number	
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	ility Company as it now appear da Limited Liability Company)	// Y , LLC rs on our records.)
(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	· · · · —	April 26, 2010 and assigned
This amendment is submitted to amend the following	5 :	
A. If amending name, enter the new name of the	limited liability company he	<u>re:</u> .
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- E - T
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1. F. S. T. T. S.
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Ei	nter Florida street address
_		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, 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	BLANCA AZPURUA	12578 PINES BOULEVARD PEMBROKE PINES, FL 33027	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	OHY I PH 3: 34
_			PROFESSION OF THE PROPERTY OF
Dated	MAY 13 ,	2010 . Aspin	7."
		TERNANDO AZPURUA	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00