

L10000091946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

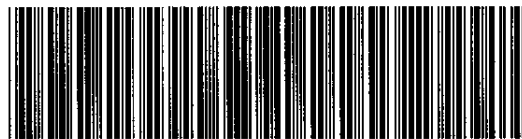
Special Instructions to Filing Officer:

A. LUNT

SEP 28 2010

EXAMINER

Office Use Only



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09/23/10--01031--005 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 2:59

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2010

MISTY ROUNTREE
7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 200
TAMPA, FL 33607

SUBJECT: COLLEGE EDUCATION SERVICES, LLC
Ref. Number: L10000091946

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COLLEGE EDUCATION SERVICES, 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 510A00022787

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLEGE EDUCATION SERVICES, 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:

MISTY ROUNTREE

Name of Person

COLLEGE EDUCATION SERVICES, LLC

Firm/Company

7650 COURTNEY CAMPBELL CAUSEWAY SUITE 200

Address

TAMPA, FL 33607

City/State and Zip Code

ADMIN@COLLEGEEDUCATIONSERVICES.COM

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

For further information concerning this matter, please call:

MISTY ROUNTREE

Name of Person

at ()

813-283-1774 EXT 301

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

COLLEGE EDUCATION SERVICES, 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 September 1, 2010 and assigned Florida document number L10000091946.

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 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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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: MARCIA VARGAS

New Registered Office Address:

Enter 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.

Marcia Vargas
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>
MGRM	BRUCE CARROLL	7650 COURTNEY CAMPBELL CANYON SUITE 200 TAMPA, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARCIA VARGAS	7650 COURTNEY CAMPBELL CANYON SUITE 200 TAMPA, FL 33607	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 27, 2010

Bruce Carroll

Signature of a member or authorized representative of a member

BRUCE CARROLL

Typed or printed name of signer

FILED

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TALLAHASSEE, FL
SECRETARY OF STATE