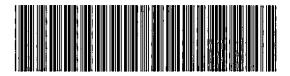
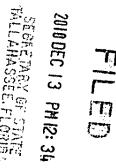
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER



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12/13/10--01030--003 **25.00



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COVER LETTER

TO: Registration Division of C					
SUBJECT:	IVY LEAGUE ACAD	DEMY AT SAN PAB	BLO.LLC		
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
				201 34 34	
	Luis Diaz				
		Name of Person		ZOTO DEC 13	arara Maranga
	IVY LEAGI	JE ACADEMY AT SAN	N PABLO	FF1 ***-	i Mi
	Firm/Company		PM I2: 34 OF STATE S.FLORID	Tr.	
	760	20 Old Middloburg Pd	e	55 S	
	7629 Old Middleburg Rd. S Address				
		laskaaniila El 2222			
	Jacksonville Fl 32222 City/State and Zip Code				
	mmonaga E-mail address: (as@ivy-league-acaden	ny.com rt notification)		
For further information	concerning this matter, please of	call:			
N	lirna Monagas	at (_904_)	779-1770		
	e of Person		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 en	closed) Certified	te of Status &	
MAI	LING ADDRESS:	STREET/C	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVY LEAGUE ACADEN	NY ATSAN PA	BLO, LLC	<u>-</u>	
(Name of the Limited Liability Com (A Florida Limited	Liability Company)	is on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document numberL10000092910	ny were filed on	09/03/2010	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	any," the designation	"LLG" or the abl	 oreviation
Enter new principal offices address, if applicable:			AF B	
(Principal office address MUST BE A STREET ADDRESS)			SSS G	Leader Common State Common Stat
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			PM 12: 35 E. FLORIES	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	ere:	our records, <u>ente</u> ter Florida street a , Florida	ddress	the new
	City	, Fiorida _	Zin 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 on 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	MIRNA MONAGAS	7629 Old Middleburg Rd S Jacksonville Fl 32222	Add Remove
<u>MGRM</u>	LUIS DIAZ	7629 Old Middleburg Rd S Jacksonville Fl 32222	Add Remove
MGR	MIRNA MONAGAS	7629 Old Middleburg Rd S Jacksonville Fl 32222	✓ Add Remove
MGR D. If amen	LUIS DIAZ	7629 Old Middleburg Rd S Jacksonville Fl 32222 change(s) here: (Attach additional sheets, if necessal	Add Remove
Dated	November 30th ,	2010	
	Signature of a m	ember or authorized representative of a member	
		Luis Diaz Typed or printed name of signee	
		I VICU OF DITHECU HAINE OF SIGNEE	

Page 2 of 2

Filing Fee: \$25.00