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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Security Division of Cor			
SUBJE	CT:	College Name of Limi	Knowledge, Let Liability Company	LC
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
			usy Daleen Name of Person	<del></del>
		Col	lege Knowled	lge_
		2220 E.S	Silver Palm Ro.	Boca Raton FL 33432
			Address	33432
		judydalee E-mail address: (i	City/State and Zip Code  Charter v o be used for future annual report notifica	net.
For furtl		oncerning this matter, please co	ali:	
Judy Daleen Name of Person			at ( Area Code & Daytime T	Celephone Number
Enclose	d is a check for the	e following amount:		
\$25.0	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			STREET/COURIER Registration Section	R ADDRESS:

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

(Name of the Limited Liability (A Florida	nowledge, LL Company as it now appears ( Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability C		-15-2010	_ and assigr	ıed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit College Twist, L.  The new name must be distinguishable and end with the wor "L.L.C."	•	," the designation "LLC	or the abb	 reviation
Enter new principal offices address, if applicable:			<u> </u>	·
(Principal office address MUST BE A STREET ADDR	RESS)	ŗ	<u> </u>	
Enter new mailing address, if applicable:			TARY OF STASSEE, FLO	
(Mailing address MAY BE A POST OFFICE BOX)			<u>₩</u> 23	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	ered office address on our ress here:	records, enter the	name of t	<u>he new</u>
Name of New Registered Agent:				
New Registered Office Address:	Enton	Florida street address		
	Enter			
	City	, Florida 2	Zip Code	<del></del>

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>	Address	Type of Action	
			Add Remove	
			Add	
			Add	
			Remove	
			Add Remove	
			Add Remove	
·			Add Remove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
_			<del>_</del>	
			_	
 Dated	11-15-2011		<del></del>	
<u></u>		r or authorized representative of a member		
	Jub	_		

Page 2 of 2

Filing Fee: \$25.00