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SECRETARY OF STATE OF CORPER SECRETARY OF CORPER SECRETARY OF CORPER SECRETARY OF S

C. LEWIS

JAN 1 1 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

The Bilingual Lab By Ramos & Ryan, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

The Bilingual Lab By Ramos & Ryan Ll	_C
Firm/Company	
7746 Citrus Hill Lane	
Address	
Naples, FL 34109	
City/State and Zip Code	

Nancy A Ramos

Name of Person

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)

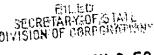
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO SECRETARY OF STATE OF ORGANIZATION DIVISION OF CARPONTED OF



2013 JAN 10 AM 8: 50

The Bilingual Lab By Rai	mos & Ryan, LL(<u> </u>			
(Name of the Limited I	iability Company as it relorida Limited Liability (ow appears on our re Company)	<u>:cords.</u>)		
The Articles of Organization for this Limited Lia Florida document number <u>L#1000011889</u> 6		ed on01/01/	/2013 and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liability con	npany here:			
The Bilingual Lab By Ramos, LLC					
The new name must be distinguishable and end with "L.L.C."		lity Company," the des	ignation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	N/A			
B. If amending the registered agent and/or registered agent and/or the new registered offi		ress on our record	s, enter the name of the new		
	N/A				
New Registered Office Address:	IN / A	Enter Florida	street address		
	Liner a fortuna del ces aquas cas				
	City	, F	lorida Zip Code		
			<u>-</u>		

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: FILED SECRETARY OF SHALL DIVISION OF CORPORATION MGR = Manager MGRM = Managing Member 2013 JAN 10 AM 8: 50 **Title** Name Address Type of Action 3333 Gulfshore Blvd N RYAN, Anthony J **MGR** # 202 Naples FL 34103 MILLET, Kristin 2271 Oakes Blvd. MGR Naples, FL 34119 Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if n	ecessa Si DIVIS	ry) FIL ECRETARY SION OF C	EU 7 OF STATE ORPGEAPS
				AM 8: 5
Dated	January 04 2013			
_	Municipal Management of a member or authorized representative of a member		_	
	WANCY ADRIANA RAMOS. Typed or printed name of signee	 –		

Page 3 of 3

Filing Fee: \$25.00