# L10000119153

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TALLAHASSEE, FLORIDA

DEC 27 PK I:

J. BRYAN

DEC 28 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		7.6 6
SUBJECT: The Sophisticated In Name of Lim	SVESTOR Education Grited Liability Company	mp, LC Best To
The enclosed Articles of Amendment and fee(s) are su	· ·	Tr. 52
Please return all correspondence concerning this matter	r to the following:	<del></del>
	Carol Jones Name of Person	
The Sophistic	Cated Investor Education	ution Group, LLC
14910 Win	ding Cruk Ct, Suit	<u>. A</u>
Tampo	Flou cle 33613 City/State and Zip Code	3
E-mail address:	1 831@ aol. com	on)
For further information concerning this matter, please	·	
Carol Jones	at (813) 900-090	57
Name of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Sand Certificate of Status	S55.00 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 ARTICLES OF ORGANIZATION OF

The Sophisticated Investor Education Group, UE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(71 Florida Dialott	nty Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on November 16,20	10 and assigned
Florida document number <u>NEW</u> . <i>L10000119153</i>	70 C	10 DEC
This amendment is submitted to amend the following:	<u> </u>	温口师
A. If amending name, enter the new name of the limited liability	company here:	SEA PROFESTION
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	4830 WKennedy	BIVO
(Principal office address MUST BE A STREET ADDRESS)	4830 W Kennedy St 445 Tamps Floric	
<del>-</del>	Tampo, Floric	ta. 33609
Enter new mailing address, if applicable:	14910 Win	ding CK Ct
(Mailing address MAY BE A POST OFFICE BOX)	Tompa, Flori	da 33611
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	• •	
Name of New Registered Agent:	Carol Jones	
New Registered Office Address:	Garol Jones Sinding Creak Ct.	Suite A
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addi	ress
James	<u>حح</u> Florida	3341  Zip Code
C.	ity	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as prov being filed to merely reflect a change in the registered office add company has been notified in writing of this change.	e performance of my duties, and I a vided for in Chapter 608, F.S. Or,	m familiar with and if this document is nited liability

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 Type of Action **Address** Title Name □ Add ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) Nov 21, 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00