

L10000131219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

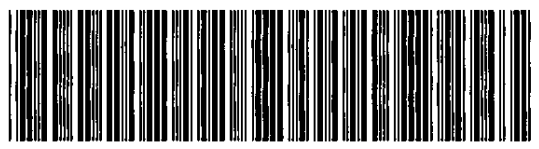
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600238373826

08/17/12--01016--018 \*\*25.00

FILED  
2012 AUG 17 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
AUG 20 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Eco Educational Systems, 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:

Pamela N Shaw  
Name of Person

Eco Educational Systems, LLC  
Firm/Company

PO Box 568245  
Address

Orlando, FL 32856  
City/State and Zip Code

pamshaw@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

2012 AUG 17 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Pamela N Shaw at (407) 620-6308  
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  
ARTICLES OF ORGANIZATION  
OF**

Eco Educational Systems 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 12/27/2010 and assigned  
Florida document number L10000131219.

RECEIVED  
2012 AUG 17 PM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

645 W. Michigan Street  
Orlando, FL 32805

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

PO Box 568245  
Orlando, FL 32856

**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: Pamela N. Shaw  
New Registered Office Address: 645 W. Michigan Street  
Enter Florida street address  
Orlando, Florida 32805  
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.*

Pamela N. Shaw  
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

Title	Name	Address	Type of Action
MGR	Pamela N Shaw	2901 S. Osceola Avenue Orlando, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Randy O. Burden	700 Hardman Drive Orlando, FL 32806	<input checked="" 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.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 2012 AUG 17 AM 8:52  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated August 15, 2012

Pamela N. Shaw  
 Signature of a member or authorized representative of a member

Pamela N Shaw  
 Typed or printed name of signee