

**L11000083904**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

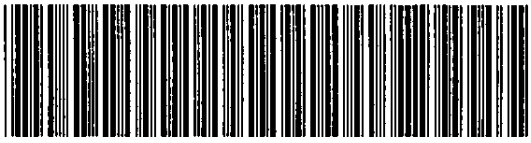
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 DEC 10 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
DEC 12 2012  
**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: My Study Buddy, 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:

**Lil Felix**  
Name of Person  
**My Study Buddy, LLC**  
Firm/Company  
**3509 S Federal Hwy #C**  
Address  
**Boynton, Beach, FL 33435**  
City/State and Zip Code  
**lil@studybuddytoday.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lil Felix** at **954 829-1966**  
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

My Study Buddy, 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 02/25/2011 and assigned Florida document number L11000023904.

This amendment is submitted to amend the following:

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

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)

3509 S Federal Hwy, #C  
Boynton Beach, FL 33435

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3509 S Federal Hwy, #C  
Boynton Beach, FL 33435

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**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: Lillian Felix Cochran

New Registered Office Address: 3509 S Federal Hwy, #C  
*Enter Florida street address*

Boynton Beach, Florida 33435  
*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.*

Lillian Felix Cochran  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Edward P Slominski	920 Indigo Point	<input checked="" type="checkbox"/> Add
		Gulfstream, FL 33483	<input type="checkbox"/> Remove
MGRM	Lillian Felix Cochran	3509 S Federal Hwy, #C	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_

*Lillian Felix Cochran*

Signature of a member or authorized representative of a member

Lillian Felix Cochran

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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