(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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D. BRUCE

DEC 12 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		•		
My Stud	ly Buddy, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Lil Felix			
		Name of Person		
	My Study Buddy, LL0			
		Firm/Company	<del></del>	
	3509 S Federal Hwy	#C	•	
		Address	<del></del>	
	Boynton, Beach, FL	33435		
		City/State and Zip Code		
	lil@studybuddytoday	.COM  be used for future annual report notification		
E E L'in the E			·	
For further information (	concerning this matter, please ca	ill:	As -	
Lil Felix		954 829-1966	SECR ALLA	
Name o	of Person	Area Code & Daytime Tele	Ephone Number PRO 10	# FIL
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$60.00 Filing Fee, SEE 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

My Study Buddy, LLC (Name of the Limited L	iability Compan	y as it now appears on our reliability Company)	ecords.)	_	,
The Articles of Organization for this Limited Lial Florida document number <u>L11000023904</u>				nd assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the de	signation "LLC" or	r the abbreviation	on
Enter new principal offices address, if applical	ole:	3509 S Federal Hwy,	#C	2 DEC	
(Principal office address MUST BE A STREET		Boynton Beach, FL 3	33435	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E <sub>A</sub>
Enter new mailing address, if applicable:		3509 S Federal Hwy,	#C	AM 9: 3 Y DF STA SEE, FLOR	88
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Boynton Beach, FL 3	33435	9 *	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ds, <u>enter the na</u>	me of the ne	<u>:w</u>
Name of New Registered Agent:	Lillian Felix	Cochran			
New Registered Office Address:	3509 S Fed	eral Hwy, #C			
		Enter Florido	a street address	<del></del>	
	Boynton Be	ach, ı	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.

Charging Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Edward P Slominski	920 Indigo Point	Add
		Gulfstream, FL 33483	Remove
MGRM	Lillian Felix Cochran	3509 S Federal Hwy, #C	Add
	Boynton Beach, FL 33435	Remove	
		Add	
		Remove	
			SEC TALL
	<del></del>	Remove 500	
		39 A	
		Remove .	
			Add
- <del></del>			Remove
			<del></del>

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
ated	
	Signature of a member or authorized representative of a member
	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

12 DEC 10 AM 9: 39
SECRETARY OF STATE
TALL ABASSES FLORIL

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