Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID FONG Account Number: I20020000037 Phone : (407) 706-1378 : (407)706-1379 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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EXAMINER

MAY-26-2011 10:01A FROM: H110001380743)

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4077061379

🤃 TO:18506176383

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDME 11 MAY 26 AM 8: 17 ARTICLES OF ORGANIZATION **OF**

Eagle	snest Academy, LLC		
(<u>Name of the Limited Liab</u> (A Flori	llity Company as it now appe da Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	March 16, 2011	and assigned
Florida document numberL11000032329	 -		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
E	aglesdream, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	oany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	· ——————		
Enter new mailing address, if applicable:			
(Mulling address MAY BE A POST OFFICE BOX))		
	<u></u>		
R. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter th	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, Florida		
· ·	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

Page 1 of 2

TO: 18506176383

MGR = Manager

(H1100013B0743)

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:

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other Information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRET DIVISION O
_			TARY OF STA
Dated	May 24 , 2	ell:	TIONS
			<u> </u>
	-	or authorized representative of a member	
	Typed o	ei Xie, Manager or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

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