L11000108032

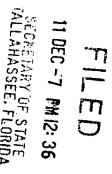
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. BRUCE

DEC 0 8 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2011

DELAIDE PIERRE 8227 ROSE GROVE ROAD ORLANDO, FL 32818

SUBJECT: MS DEL LEARING CENTER LLC

Ref. Number: L11000108032

We have received your document for MS DEL LEARING CENTER LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 811A00026368

FILED

11 DEC -7 MID: 36

JECAETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C					
SUBJECT:		ARING CENTER LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		DELAIDE PIERRE			
	Name of Person				
	MS DE	L LEARNING CENTER LLC			
	Firm/Company				
	822	7 ROSE GROVE ROAD			
	Address			2 = -	
	,	DELANDO EL 22040		DEC CHEI	7
	ORLANDO, FL 32818 City/State and Zip Code			CAR TAR TAR	-
	SJPYLLSON@YAHOO.COM			rn<	П
	E-mail address: (to be used for future annual report notifi	cation)	S	
For further information	concerning this matter, please of	call:		PM 12: 36 OF STATE EE. FLORIDA	
DEI	"AIDE PIERRE	at (407_)	967-8135	Þ	
Name of Person		Area Code & Daytime			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS DEL LEAF	RING CENTER L	LC .	- · · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Co (A Florida Limi	ited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Comp	pany were filed on	09/21/2011	and assigned
Florida document numberL11000108032			_
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :	
	NING CENTER LLO	=	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	iny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u></u>		
Enter new mailing address, if applicable:	M		SS J
(Mailing address MAY BE A POST OFFICE BOX)			
			⁻¹ υ ਨા (□)
B. If amending the registered agent and/or registered		ur records, <u>enter tl</u>	B hame of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:		······································	
New Registered Office Address:			
	Ent	er Florida street addr	ess
		, Florida	
	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.

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 <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8 DECEMBER Dated **DELAIDE PIERRE** Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00