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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: GAIA School of Arcts, 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:
Demaric C. Lee Name of Person
The Children's Institute of Chentive Lehrening
1420 NE 33 Avenue Halo
City/State and Zip Code Cempris Chris Lee @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Demand C. Lee at (305) 247-1116 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ (additional copy is enclosed)\$\$ \$(additional copy is enclosed)\$\$

TO:

Registration Section

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**

GAIA School of AR	ets, C.L.(
(Name of the Limited Liability Company (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	1/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The Children's Institute of	- Creative !	_enking, L.L.C
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	-n/A	
(Principal office address MUST BE A STREET ADDRESS)		SE 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A	TIND III
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nh./	cords, enter the name of the new
	City	_, Florida 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
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Dated	march 18,	2012.	
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	Signature of a r	nember or authorized representative of a n	nember
		remareio C. Lee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00