## L11000126035

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N. Gulkgan JAN 12 2012

## **COVER LETTER**

TO:

	ration Sect n of Corpo		_			
SUBJECT:	LC					
SOBSECT.						
The enclosed Ar	ticles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all	correspond	lence concerning this matter	to the following:			
		AMBAR J. CHAVEZ-SALEH				
			Name of Person			
ORMOND BEACH MONTESORI CENTER, LLC						
Firm/Company						
2010 GRANADA BLVD.						
			Address			
		ORM	10ND BEACH, FL 32174	_		
			City/State and Zip Code			
ambarsaleh@yahoo.com  E-mail address: (to be used for future annual report notification)						
For further infor	mation con	cerning this matter, please c	•			
Α	MBAR C	HAVEZ-SALEH	at (386) 589-1112			
Name of Person			Area Code & Daytime T	elephone Number		
				٠.		
Enclosed is a ch	eck for the	following amount:				
<b>√</b> \$25.00 Filing	g 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		on Section of Corporations	STREET/COURIED Registration Section Division of Corporati	ons		
		ee, FL 32314	2661 Executive Center Tallahassee, FL 3230	er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JAN 11 AHII: 25

ORMOND BEACH MONTESORI CENTER, LLC TALL AHASSEE, FLORIDA

(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 Compan	y were filed on	11/04/2011	and assigned
Florida document number L11000126035			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•	**************************************		
Enter new mailing address, if applicable:	2010 W GRA	NADA BLVD.	
(Mailing address MAY BE A POST OFFICE BOX)	ORMOND BE	EACH, FL 32174	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on c	our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	En.	ter Florida street addr	ress
	City	, Florida	Zip Code
	,		zip coac

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
). If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessor	ary.)
	·		FILED  12 JAN 11 AN II  SECRETARY OF S  TALLAHASSEE, FL
 Pated	01-7-2012 Jales	·	STATE FLORIDA
	AMBAF	or authorized representative of a member  R J. CHAVEZ-SALEH  or printed name of signee	V
	(	Page 2 of 2	

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Filing Fee: \$25.00