

**L12000001271**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

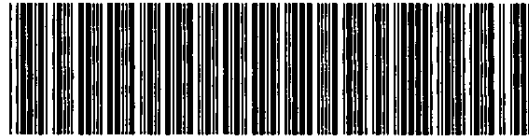
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY GENERAL  
DIVISION OF CORPORATIONS

**C. LEWIS**  
Jan. 9, 2013  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2012

MS. DORNAMAE RIGBY / GLOBAL EDUCATION PROGRAMS LLC  
526 FLORAL DRIVE  
KISSIMMEE, FL 34743

SUBJECT: GLOBAL EDUCATION PROGRAMS, LLC  
Ref. Number: L12000001271

We have received your document for GLOBAL EDUCATION PROGRAMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 112A00029172

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Global Education Programs, 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:

**Ms. Dornamae Rigby**

Name of Person

**Global Education Programs, LLC**

Firm/Company

**526 Floral Drive**

Address

**Kissimmee, Florida 34743**

City/State and Zip Code

**yellowflower26@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ms. Dornamae Rigby**

Name of Person

at ( **770** ) **783-1411**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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DIVISION OF CORPORATIONS

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Global Education Programs, LLC

(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 Company were filed on 01/04/2012 and assigned  
Florida document number L12000001271.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Dornamae Rigby

New Registered Office Address: 526 Floral Drive

*Enter Florida street address*

Kissimmee, Florida 34743

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Donna White	526 Floral Drive	<input type="checkbox"/> Add
		kissimmee, FL. 34743	<input checked="" type="checkbox"/> Remove
MGRM	Dornamae Rigby	526 Floral Drive	<input checked="" type="checkbox"/> Add
		Kissimmee, FL. 34743	<input type="checkbox"/> Remove
Register Agent	Donna White	526 Floral Drive	<input type="checkbox"/> Add
		Kissimmee, FL. 34743	<input checked="" type="checkbox"/> Remove
Register Agent	Dornamae Rigby	526 Floral Drive	<input checked="" type="checkbox"/> Add
		Kissimmee, Fl. 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

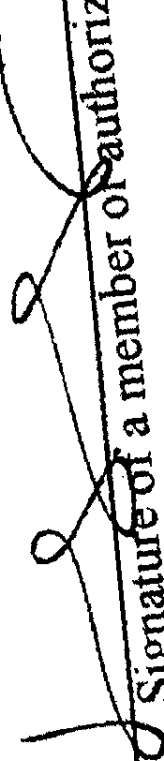
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any other information, enter change(s) here: (Attach additional sheets, if necessary)

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2012

January 4

 Signature of a member or authorized representative of a member

Dornamae Rigby

Typed or printed name of signee

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