U12-000 63144

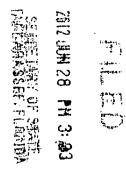
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PICK-UP	☐ WAIT	MAIL .
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. CLINE
JUL - 2 2012
EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2012

MICHELLE ACOSTA 9764 NW 129TH TERRACE HIALEAH, FL 33018

SUBJECT: GET SMART TUTORING LLC

Ref. Number: L12000063144

We have received your document for GET SMART TUTORING 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 912A000172035

A CO FM J: MAJ

COVER LETTER

TO: Registration Division of C	n Section Corporations	·		
SUBJECT:	Get Sma	rt Tutoring LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
		Michelle Acosta		
		Name of Person		
	G	et Smart Tutoring LLC		
		Firm/Company	······································	
	97	64 NW 129th Terrace		
		Address		
		Hialeah, FL 33018		
		City/State and Zip Code		
	E-mail address: (osta_teach@yahoo.com to be used for future annual report notifica	nion)	
For further information	on concerning this matter, please of	·	,	
	Michelle Acosta	at (305) 9	78-2888	
	ne of Person	Area Code & Daytime		28
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Conditional of	of Status &

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

Get Sma	ort Tutoring LLC	•		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeantited Liability Company)	rs on our records.)	_	
			and assigne	d
This amendment is submitted to amend the following:	Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) mited Liability Company were filed on			
A. If amending name, enter the new name of the limite	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ganization for this Limited Liability Company were filed on			
"L.L.C."	"Limited Liability Comp	any," the designation		viation
• • • • • • • • • • • • • • • • • • • •				
(Principal office address MUST BE A STREET ADDRE	<u>SSS)</u>		20 -	P. Control of the Con
Enter new mailing address, if applicable:			ည်း	£
(Mailing address MAY BE A POST OFFICE BOX)	the contract of		3 8	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		our records, enter	the name of th	e new
Name of New Registered Agent:				
New Registered Office Address:	E	utan Elavida atuaat aa	Idense	
`	L.	mer Fioriaa sireet aa	uress	
	O'r.	, Florida _	7:- 0-1	
Now Desistened Agent's Signature if shanging Desistened	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

TREPTOR THE TO SEE A SECTION OF THE

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michelle Acosta	9764 NW 129th Terrace Hialeah, FL 33018	✓ Add Remove
<u>.</u>			□ n
· · · · · · · · · · · · · · · · · · ·			- -
<u>.</u>			Add
			Add E
· ·			-
D. If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if nece	ssary.)
	Signature of a mo	Acarta	

Page 2 of 2

Filing Fee: '\$25.00