L12000076555

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J. HARRIS

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Leebov Golde Group, 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:

Ron Evens

Name of Person

Leebov Golde Group, LLC

Firm/Company

101 W. Argonne Dr., Suite 189

Address

St. Louis, MO 63122

City/State and Zip Code

revens@languageofcaring.com

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

For further information concerning this matter, please call:

Ron Evens

*,,,*314,440-8359

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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 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

Leebov Golde Group, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) inted Liability Company)		
The Articles of Organization for this Limited Liability Com- Florida document number L12000076555	pany were filed on June 7, 2012	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
Language of Caring, LLC			
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the ab	breviation	"L.L.C."
Enter new principal offices address, if applicable:		_	Ð
(Principal office address MUST BE A STREET ADDRES	SS)	, 41	St. NS
			교통 유통
		22	<u> </u>
Enter new mailing address, if applicable:		72	erioria Specific
(Mailing address MAY BE A POST OFFICE BOX)		÷.	3,2
		ည္	<u> </u>
			Ţ.
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		he nam	e of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	City	Zip Coa	le

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			□ Remove
		7, 4,	
			□ Add
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			# Remove
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Effective (The effect	e date, if other than the date of filing:
Dated_	July 17 2014
Dated _	Thou Grean
	Signature of a member or authorized representative of a member
	Dan Evana
	Ron Evens

Page 3 of 3

Filing Fee: \$25.00

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