## L12000098857

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		· .			

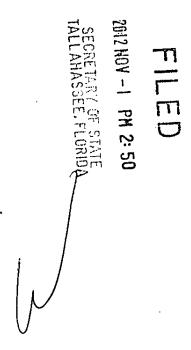
Office Use Only



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11/05/12--01002--016 \*\*7.50

10/22/12--01051--005 \*\*\*52.50



J. BRYAN

NOV -2 2012

**EXAMINER** 



October 24, 2012

JOSEPH FALCO DUBOIS CAREER TAINING, LLC 314 FAIRY TRAIL LOOKOUT MOUNTAIN, TN 37350

SUBJECT: DUBOIS CAREER TRAINING, LLC

Ref. Number: L12000098857



We have received your document for DUBOIS CAREER TRAINING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan Regulatory Specialist II

Letter Number: 212A00026101

October 31, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Joseph Falco DuBois Online Career Training, LLC 314 Fairy Trail Lookout Mountain, TN 37350

To Whom It May Concern:

Enclosed please find the correct Articles of Amendment to modify the name of DuBois Career Training, LLC to DuBois Online Career Training, LLC. Please contact me at 423-991-0444 if you have any questions. Thank you.

Sincerely,

Joseph Falco

2012 HOV -1 PH 2: 50

## **COVER LETTER**

TO:	Registration : Division of C			
SUBJE	CT:	DuBois CARE	ER TRAINING LLC	
		Name of Limited	d Liability Company	
The enc	osed Articles o	of Amendment and fee(s) are subm	itted for filing.	
Please re	eturn all corres	pondence concerning this matter to	the following:	
		Jose	PH FALCO	
			Name of Person	<u> </u>
		DuBois	ONUNE CARRER TRAIN Firm/Company	ING LIC TO BE
			Firm/Company	器 皇 一
		314 1	314 FAIRY TRAIL	
			Address	- 10 Sept - 17
		LOOKOUT	MOUNTAIN, TN 37	TALLAHASSEE, FLORIGE
			City/State and Zip Code	三三
			FALCO @ YAHOO.COM be used for future annual report notifica	
For furth	ner information	concerning this matter, please cal	·	anon)
	JOSEPH	FALCO	at (423) 991-0444	L
	Name	e of Person	Area Code & Daytime	
Enclose	d is a check for	the following amount:		
\$25.6	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
	<b>✓</b>	BALANCE DUE OF	\$7.50.	(additional copy is enclosed)
		LING ADDRESS: stration Section	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DuBois CAREER TRA	HINING, LLC	
(Name of the Limited Liability Compan (A Florida Limited L		cords.)
The Articles of Organization for this Limited Liability Company Florida document numberL120000 98857	were filed on 8 1 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DUBOIS ONLINE CAREER		
The new name must be distinguishable and end with the words "Limit "L.L.C."		ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A/4	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2: 50 ALLAHASSEE FLORE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our record ::	s, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comp		

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Address Type of Action Title** <u>Name</u> ☐ Add Remove Remove ☐ Add Remove ∏Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oct. 31 2012 \_. Dated \_\_\_ Signature of a member or authorized representative of a member JOSEPH FALCO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00