

L12000098857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2012 NOV - 1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV - 2 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2012

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

SUBJECT: DUBOIS CAREER TRAINING, LLC
Ref. Number: L12000098857

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUBOIS CAREER TRAINING, 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:

JOSEPH FALCO
Name of Person
DUBOIS ONLINE CAREER TRAINING, LLC
Firm/Company
314 FAIRY TRAIL
Address
LOOKOUT MOUNTAIN, TN 37350
City/State and Zip Code
JOEFALCO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH FALCO at (423) 991-0444
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)

✓ BALANCE DUE OF \$7.50.

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**

DuBois Career Training, 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 8/1/2012 and assigned
Florida document number L12000098857.

This amendment is submitted to amend the following:

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

DuBois Online Career Training, LLC

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:

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 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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated Oct. 31, 2012

Signature of a member or authorized representative of a member

JOSEPH FALCO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV - 1 PM 2:50

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