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SECRETARY OF STATE DIVISION OF CORPORATIONS

ON SEP 21 PM 1: 37

C. LEWIS

SEP 2 4 2012

EXAMINER

COVER LETTER

TO:	Registration Section.
سر. SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Mia Jade Levy Name of Person
	Future Scholars Preschool Firm/Company
	3816 N. University dr.
	Sity/State and Zip Code
	Made 430@901.Com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (954 817 - 3052 Area Code & Daytime Telephone Number
۱۸	ed is a check for the following amount: 00 Filing Fee \$\begin{array}{c} \$30.00 \text{ Filing Fee & } & \begin{array}{c} \$55.00 \text{ Filing Fee & } & \begin{array}{c} \$60.00 \text{ Filing Fee,} \\ Certificate of Status & \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is enclosed) & \text{ Certified Copy} \\ (additional copy is en

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 SEP 21 PM 1: 37

Future Scholar		LC
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability (Company were filed on	8 - 14 - 2 0 1 2 and assigned
Florida document number <u>L1200010477</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company h	ere:
The new name must be distinguishable and end with the wo	rds "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		our records, enter the name of the new
registered agent and/or the new registered office ago	itess here:	
Name of New Registered Agent:		
New Registered Office Address:		Inter Florida street address
	E	
- particular real	City	, Florida 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 **Type of Action Title** Name <u>Address</u> MGRH Laurie Wohl Add ☐ Remove ☐ Add □ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/20/12 Signature of a member or authorized representative of a member eVTyped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00