

✓  
L12000137225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

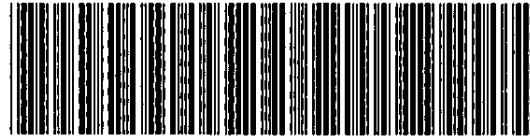
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100252733751

10/21/13--01043--005 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 21 PM 6:05

FILED

B. BOSTICK  
OCT 22 2013  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOB LANGUAGE 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:

WALTER DI LORETO  
Name of Person

JOB LANGUAGE TRAINING, LLC  
Firm/Company

5950 LAKEHURST DR, STE 108  
Address

ORLANDO, FL 32819  
City/State and Zip Code

WALTERDILORETO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER DI LORETO at (321) 698 9134  
Name of Person Area Code & Daytime Telephone Number

2013 OCT 21 PM 6:05  
TALLAHASSEE, FL

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)
- ck # 1044*

**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**

JOB LANGUAGE 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 10/29/2012 and assigned Florida document number L12000137225

This amendment is submitted to amend the following:

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

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

RECEIVED  
TALLAHASSEE FLORIDA  
2113 OCT 21 PM 6:05

**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:

N/A

New Registered Office Address:

N/A

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.*

N/A

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

Title	Name	Address	Type of Action
MGR	FERNANDO GABAS	6318 LAKE BUDEN VIEW WINDETZMEZE, FL 32786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GAUTIERO DILORETO	2933 EGRETS LANDING LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JACQUELINE DONATO	1047 N. BREEZE CT ORLANDO, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ISABELLA BUENO	9942 TURF WAY APT 6 ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 3 OCT 21 11 06 AM '09

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

---

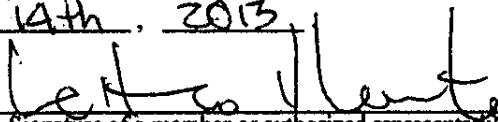
---

---

---

---

Dated OCTOBER 14th, 2013



Signature of a member or authorized representative of a member

GUALTIERO DI LORENZO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 21 PM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA