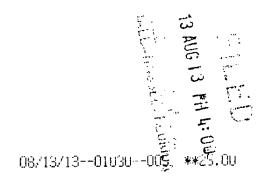
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(Requestor's Name)	-			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:]			
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Office Use Only



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AUG 15 2013 **D. BUT**LEN

ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330 EMAIL: nancy@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: JULY 22, 2013

FROM: NANCY HERNANDEZ

Client Matter: # 9029624

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: _ The Learning Cottage LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: (3)

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61st STREET COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

CK#698526 \$25.00 (STATE FILING FEE)

COVER LETTER

	1
TO:	Registration Section Division of Corporations
SUBJI	The Learni
The en	closed Articles of Amendment
Please	return all correspondence cond
	Nan

ng Cottage LLC

Name of Limited Liability Company

and fee(s) are submitted for filing.

cerning this matter to the following:

cy Hernandez

Name of Person

Rocket Lawyer

Firm/Company

5668 E. 61st Street

Commerce, CA 90040

City/State and Zip Code

ash.cam86@yahoo.com

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

For further information concerning this matter, please call:

Nancy Hernandez

 $_{at}$ (800) 462-5487

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

	earning Cottage LLC	
(Name of the Limited Liabil	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
(A Florid	a Limited Liability Company)	<u>, </u>
The Articles of Organization for this Limited Liability	Company were filed on June 28, 2013	and assigned
Florida document number L13000092961		3 5 1
Florida document number	•	5 ES
		<u>.</u> . W ₁
This amount is submitted to amount the following		
This amendment is submitted to amend the following:		The state of the s
A. If amending name, enter the new name of the li	mited lightlity company haras	
A. It amending name, enter the new name of the n	mited hability company here.	. 0
		7 2
The new name must be distinguishable and end with the v	vords "Limited Liability Company," the design	ation "LLC" or the abbreviation
"L.L.C."	,,,,	
Enter new principal offices address, if applicable:		
(Principal office address MUST DE A STREET AD	DDECC)	
(Principal office address MUST BE A STREET AD	URESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maining dualess MAT BE A 1 001 01 11CE BOA		
		
·	·	
B. If amending the registered agent and/or reg	vistered office address on our records.	enter the name of the nev
registered agent and/or the new registered office ag		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	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>	Address	Type of Action		
			Add		
			Remove		
			Kemove		
		·	Add		
			Add		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
· · · · · · · · · · · · · · · · · · ·			Add		
			Remove		

	ending any other information, enter change(s) here: (Attach additional sheets, if necessal Updating address for member Ashley Cabe to:	ry.)	
. (6419 Royal Tern Circle, Lakewood Ranch, FL 34202		
-			
Dated JU	uly 22 , 2013 .		
	Signature of a member or authorized representative of a member		_
	Ashley Cabe, Member		_
	Typed or printed name of signee	<u>.</u> ,-	
	Page 3 of 3		نت معد
	Filing Fee: \$25.00		13 AUG 13 FH 4:
	· .		<u> </u>