

L140000012698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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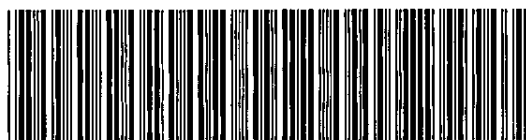
(Business Entity Name)

(Document Number)

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14 FEB 13 AM 11:32

RECEIVED
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14 FEB 13 AM 11:32
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

FEB 13 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montessori School of Tallahassee 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:

Manijeh Moughari
Name of Person

Montessori School of Tallahassee LLC
Firm/Company

1849 Capital Medical Ct.
Address

Tallahassee, FL 32308
City/State and Zip Code

F.Shakiba@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manijeh Shakiba at (850) 322-3090
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

Montessori School of Tallahassee
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

APPROVED
FILED
14 FEB 13 AM 11:32
STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2014 and assigned
Florida document number 114000012698

This amendment is submitted to amend the following:

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

Early Learning Preschool 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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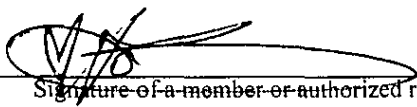
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

please Correct the name above, Thanks
Masoumeh Kopahi

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 2/13/2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00