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SECRETARY OF STATE

4AY 27 2016 J. HARRIS

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Name Chang	ge: Thompson Real Estate Inst	itute LLC dba Real Estate C	Career Institute	
		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Ann R. Thompson			`
			Name of Person		
	Thompson Real Estate Institute LLC dba Real Estate Career Institute				
			Firm/Company		
		1475 Tampa Park Plaza Sto	e. E		
		-	Address		
		Tampa, FL 33605			
		Ann@AnnRThompson.com			•
		E-mail address: (1	to be used for future annual rep	oort notification)	
For further is	nformation co	oncerning this matter, please ca	all;		
Ann R. Thoi	npson or Bor	nita Newell	813 321-3 at ()	3850	
	Name of	`Person		Daytime Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations



May 6, 2016

ANN R THOMPSON 1475 TAMPA PARK PLAZA STE E TAMPA, FL 33605

SUBJECT: THOMPSON REAL ESTATE INSTITUTE LLC

Ref. Number: L15000057943

We have received your document for THOMPSON REAL ESTATE INSTITUTE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00009491

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I nompson Real Estate Institute LL				<u></u>
(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 04/0	//2015	and assigned
Florida document number L1500007943 L150	00005794	3		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lial	oility company her	2:	
Ann R, Thompson School of Real Estate LLC				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	No Change / 4		K Plaza
(Principal office address MUST BE A STREE	T ADDRESS)	law	pa, FL 331	605
		Ste	<u> </u>	
Enter new mailing address, if applicable:		No Change 4.	15 Tampe Par	K Plaza
(Mailing address MAY BE A POST OFFICE	BOX)	SteE. Ta	ma FL 33	605
		()	1	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	_	<u>e</u> : .	our records, enter t	he name of the new
		2,100, 7,10,7,10		
		City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent	<u>.</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as registered office change.	e performance of m provided for in Ch e address, I hereby	y duties, and I am fa apter 605, F.S. Or _s i	imiliar with and If this document is ited liability
)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	No Change		
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	date, if other than the date of filing: (optional)		S 02
	te date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, are date inserted in this block does not meet the applicable statutory filing requirements, this date		
umei	s effective date on the Department of State's records.		
reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earl	ier
ne S	th day after the record is filed.		
	1 1 - 2		
	April 28, 2016.		
	Signature of a member or authorized representative of a member	No -	
		CRE	 .
	1 Dansean	MAY 2	<u>بدند</u>
	Typed or printed name of signee	-,,=}	, July
	Typed or printed name of signee		17
	Typed or printed name of signee	FOR A	TT

Filing Fee: \$25.00