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TO:	Registration S Division of Co	Section progrations		\$018	
SUBJE	cr. Fas	sy English By	Doveena	LLC	. ,
SCHOL	CI	Name of Lin	nited Liability Compa	ny.	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing		
Pleuse r	eturn all corresp	ondence concerning this matter	to the following:		
		Da Veella	Cooper		
			Name of Person	on	
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			Firm/Compan	y	
		P.O. Box 78	34 68 7		
		P.O. Box 78	Address		
		Winter Garde	en FL 34	1778	
		- Cl	City/State and Zip	Code	
		E-mail address:	to be used for future a	10 Troyel? . 6	<u>om</u>
For furth	er information c	concerning this matter, please co			,
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Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Florida document number <u>K6 L240000'26'795</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
	TO THE COMPANY OF THE PROPERTY
	Easy English By Daveena
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	INA ARRET CW
principle office manes 11001 221121112	JASPER FL 32057
	E Could Develope
Enter new mailing address, if applicable:	Easy English By Daveena P.O. Box 784687
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden FL 34778
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	Veela Cooper
100	0.0
The trace districted of the Francisco.	Enter Florida street address
	JASPER Florida 32052
New Registered Agent's Signature, if changing Registered A	
provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
	Dallan Com
ī	Changing Registered Agent, Signature of New Registere gent
	DE TOUR TOUR
	ASS M
	SEE SEE
	AM 5:00
If amending Authorized Person(s) authorized to managor removed from our records:	e, enter the title, name, and address of each person being added
MGR = Manager AMBR = Authorized Member	
Title Name	Address Type of Action
MGR Da Veella Cooper	P.O. Box 784687

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ote: If the date	f other than the date s listed, the date must be s inserted in this block d tive date on the Depart	oes not meet the applicable statutory filing req	(optional) nan 90 days after filing) Pursuant to 605 020 nuirements, this date will not be listed a
record specifies is filed.	a delayed effective date	e, but not an effective time, at 12.01 a.m. on th	e earlier of (b) The 90th day after the
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