

L18000 166718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

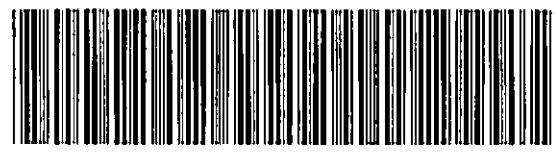
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/28/19--01009--027 **25.00

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2019 JAN 28 PM 1:43
SOUTH CAROLINA
COURT REPORTERS

Amend

FEB 06 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETTER LEARNING CHRISTIAN ACADEMY 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:

INISKIA WILLIAMS

Name of Person

BETTER LEARNING CHRISTIAN ACADEMY LLC

Firm/Company

3690 AVE O NW

Address

WINTER HAVEN FL, 33881

City/State and Zip Code

betterlearningacademy1@gmail.com

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

For further information concerning this matter, please call:

INISKIA WILLIAMS

at (678) 485-3460

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**

FILED
2019 JAN 28 PM 1:43
SEC. STATE FLORIDA

BETTER LEARNING CHRISTIAN ACADEMY 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 07/11/2018 and assigned Florida document number L18000166718.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1920 40TH ST NW
(Principal office address MUST BE A STREET ADDRESS) WINTER HAVEN FL, 33881

Enter new mailing address, if applicable: 3690 AVE O NW
(Mailing address MAY BE A POST OFFICE BOX) WINTER HAVEN FL, 33881

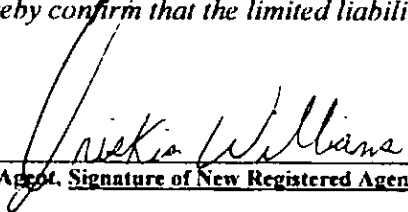
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: INISKIA WILLIAMS

New Registered Office Address: 1920 40TH ST NW
Enter Florida street address
WINTER HAVEN, Florida 33881
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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| DIR | LUCAS, PATRICK | 304 W BRIDGERS ST AUBURNDALE FL,33823 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| DIR | INISKIA WILLIAMS | 1920 40TH ST NW WINTER HAVEN FL,33881 | <input checked="" type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

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

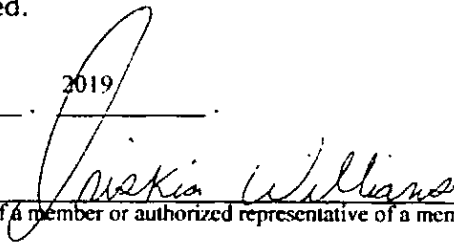
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 01/24 _____ 2019 _____



Signature of a member or authorized representative of a member

INISKIA WILLIAMS

Typed or printed name of signee