

LIB 000 289 405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

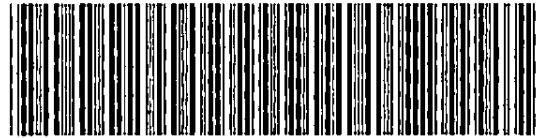
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/20--01039--018 **25.00

S TALLENT

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2020 NOV 20 AM 8:34

Answer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 11 09 11:07

November 9, 2020

HEATHER REINGOLD
ATHENA SCHOLASTIC LLC
130 CHINABERRY LANE
VERO BEACH, FL 32963

SUBJECT: ATHENA SCHOLASTIC LLC
Ref. Number: L18000289405

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ENTITY NAME AND MISSING INFORMATION.
MAKE ALL CHANGES TO ANY AUTHORIZED PERSONS ON THE
APPROPRIATE PAGE AND RESUBMIT.

PLEASE SUBMIT ALL PAGES.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00022370

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Athena Scholastic LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Heather Reingold
Name of Person

Athena Scholastic LLC
Firm/Company

130 Chinaberry Lane
Address

Vero Beach, FL 32963
City/State and Zip Code

Hreingold@AthenaScholastic.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Boyce at (813) 240-0800
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Athena Scholastic LLC

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

Articles of Organization for this Limited Liability Company were filed on 12/18/2018 and assigned
document number L18000289405

amendment is submitted to amend the following:

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

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

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

Registered Agent's Signature, if changing Registered Agent:

by 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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

R = Manager
BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	Kim Testa	10031 Landpost way Land O' Lakes, FL 34638	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
BR	Kimberly Testa	10031 Landpost way Land O' Lakes, FL 34638	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
BR	Angelina Boyce	5107 Craggy Cliff St Tampa, FL 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
BR	Angelina Boyce	5107 Craggy Cliff St Tampa, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~TITLE-AMBR~~ Kimberly Testa
AMBR Angelina Boyce

PLEASE change the titles from
MGB to AMBR

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.

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 document is filed.

Effective date: 9/24 2020

Heather Beingold
Signature of a member or authorized representative of a member

Heather Beingold
Typed or printed name of signer