

# L23000294599

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

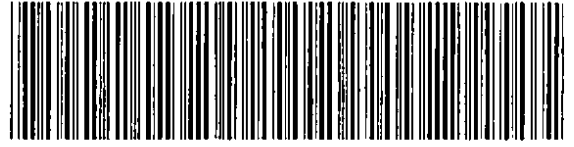
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(Document Number)

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23 AUG - 4 PM 1:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Teacher's Touch 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:

Kelly K. Veatch  
Name of Person

Teacher's Touch LLC  
Firm/Company

1544 SW Waterfall Blvd  
Address

Palm City, FL 34990  
City/State and Zip Code

teacherstouchkv@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly K. Veatch at (904) 285-6061  
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

FILED  
23 AUG -4 PM 1:07  
STATE  
FLORIDA

Teacher's Touch, 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 06/19/2023 and assigned Florida document number L23000294599

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:  
(Principal office address MUST BE A STREET ADDRESS)

Mgr. Kelly K. Veatch  
1544 SW Waterfall  
Bldg Palmcity, FL 3499

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: Mgr. Kelly K. Veatch  
New Registered Office Address: 1544 SW Waterfall Blvd  
Enter Florida street address  
Palm City, Florida 34990  
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.

Kelly K Veatch  
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>
<u>Mgr.</u>	<u>Kelly<sup>K.</sup> Veatch</u>	<u>1544 SW waterfall</u>	<input type="checkbox"/> Add
		<u>BIRD Palm City, FL</u>	<input type="checkbox"/> Remove
		<u>34990</u>	<input checked="" type="checkbox"/> Change
<u>MRS.</u>	<u>Kelly K. Veatch</u>	<u>1544 SW waterfall</u>	<input type="checkbox"/> Add
		<u>BIRD Palm City, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34990</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

When I originally submitted paper work I called myself Mrs. and not 'Manager. I should of called myself manager from the beginning.

Additionally, my EIN 93-1987113

**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 2023 27 July.

Kelly K. Veatch  
Signature of a member or authorized representative of a member

Kelly K. Veatch  
Typed or printed name of signee