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SECRETARY OF STATE
OVEROUS OF CORPORATIONS

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JUN 2 2 2019 D CUSHING

COVER LETTER

subject: <u>Саро</u> с	Name of Limi	sf Gaines Ville ted Liability Company	LLC		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
	Jeffrey A	Name of Person	·		
	Ca poeira	Name of Person Academy of Gaines Firm Company	ville LLC		
	7027 NE 87	th Street Address			
	Gainesville, F	City/State and Zip Code			
	Capoe Caacademy E-mail address! (1	of cacinesville @ 9mail	ication)	-	
For further information co	oncerning this matter, please ca	ili:		_	97021 97021
Jeffrey Davi	S Person	at (352) 254 - 3 Area Code Daytime	SS 37 Telephone Number	JIN 10 PM12:3	FARY OF STA OF COKPORAL
Enclosed is a check for th	e following amount:		,	32	NO.
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status Certified Copy tadditional copy is enclosed.		O)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Cameira Academy of Gainesville LLC

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 69/60/2019 and assigned
Florida document number <u>L 2 cos 2 o 2 5 7</u>	_•
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ORF ORF
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the reservers:
	<i>G,</i>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City Zin 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>	Address	Type of Action
MGR	Melisia Piscoglade Carvalla	7027 NE 57th Street	S Add
		Goines vine FL 32609	Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Remove
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reffective date te: If the da	, if other than the e is listed, the date must te inserted in this bl ective date on the D	ist be specific and lock does not a	d cannot be prio meet the applic	able statutory t	or more than 90 da iling requirement	(optional) sys after filing.) Pents, this date wi	irsuant to 605,020 Il not be listed a
	ecifies a delayed ay after the rec			ot an effectiv	ve time, at 12	2:01 a.m . on	the earlier o
ted <u>Jur</u>	oe 5 Jeffry	<u>. </u>	. 2019	·			
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Filing Fee: \$25.00