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## CHRISTINE ALEXIS GAY, P.A.

747 S. Ridgewood Ave., Suite 101 Daytona Beach, FL 32114

386-492-5935 Phone

321-373-0086 Facsimile

Email: christinealexisg@aol.com

February 11, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Amendment to: Holmes Schoolhouse, LLC

Dear Sir or Madam.

Please find enclosed an amendment to the corporation Holmes Schoolhouse. LLC and a check for the filing fee enclosed. Please make the appropriate changes to the corporate records. Kindly contact me with any questions or concerns at the above phone, address or fax.

With kindest regards. I remain.

Very truly yours.

Christine Alexis Gay, Esquire

CAG/rg Enc.

#### **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
HOLMES S	SCHOOLHOUSE, LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	SUSAN HOLMES					
		Name of Person				
	HOLMES SCHOOLHOUS	SE, LLC				
	<del></del>	Firm/Company				
1800 CHANDELLE COURT						
		Address				
	Name of Person  HOLMES SCHOOLHOUSE, LLC  Firm/Company  1800 CHANDELLE COURT  Address  PORT ORANGE, FL 32128  City/State and Zip Code paulandsusic@bellsouth.net  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  at (386 ) 214-7924  at (4 ) Daytime Telephone Number  at for the following amount:  Fee					
	·	Name of Limited Liability Company  and and fee(s) are submitted for filing.  Internal distribution of Person  MES SCHOOLHOUSE, LLC  Firm/Company  CHANDELLE COURT  Address  City/State and Zip Code  dsusic@bellsouth.net  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (				
	· -					
			ication)			
For further information c	oncerning this matter, please ca	all:				
Susan Holmes		386 214-7924				
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	ne following amount:					
Signature Signa		Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres			ction			
Division of C		<del>-</del>				
P.O. Box 632	-	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2026 FED 18 PM 12: 00

HOLMES SCHOOLHOUSE, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for Com	ny were filed on May 23, 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
AMBR	Susan Holmes	1800 CHANDELLE COURT	🗀 Add
		PORT ORANGE, FL 32128	□Remove
			= Change
AMBR	Paul Holmes	1800 CHANDELLE COURT	□ Add
		PORT ORANGE, FL 32128	□Remove
			■Change
AMBR	CHERISH HOLMES REV TRUST	1800 CHANDELLE COURT	<b>≡</b> Adđ
		PORT ORANGE, FL 32128	□ Remove
			□ Change
	<del></del>		□ Add
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Filing Fee: \$25.00