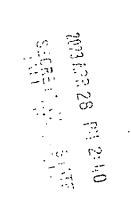
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Office Use Only



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COVER LETTER

TO:

TO: Registrat Division					
	ion Acad	lemy Day School, LLC			
SUBJECT:	_	Name of Lim	ited Liability Company	-	
		mendment and fee(s) are sub-			
Please return all co	orrespon	dence concerning this matter	to the following:		
		Marguerite Alisandra McG	uinness		
			Name of Person		
		Carlton Academy			超期
			Firm/Company		202 APR 28
		P.O. Box 2767			
		-	Address		
		Tampa, Florida 33601			٠
		AM@CarltonAcademy.com E-mail address: (City/State and Zip Code to be used for future annual report not	ification)	
For further inform	nation co	ncerning this matter, please co	all:		
Marguerite A. Mo	Guinne	ss.	813 335-1540		
	Name of	Person		ne Telephone Number	
Enclosed is a chec	ck for the	e following amount:			
☐ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
P.O. Bo	ation S on of Co ox 632	ection orporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Carlton Academy Day School, LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on October 1 07000008108	er 6, 2006 and assigned
Florida document number L06000098108	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5 78
Principal office address MUST BE A STREET ADDRESS)	دن براه مینو میسی برای میسی
	一下。如
	. ප
Enter new mailing address, if applicable:	
V	155
Mailing address MAY BE A POST OFFICE BOX)	9
	
3. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	street address
	, Florida
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>	Type of Action
MGR	Strategem Ventures, LLC	301 W. Platt Street #301	□Add
		Tampa, FL 33606	□Remove
			■Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Charma

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******	A-8-11-1			
ective date, if other than the d	ate of filing:	(optio	nal)	605 020
te: If the date inserted in this bloc	be specific and cannot be prior to date of filink does not meet the applicable statuto	ng or more man 90 days after ry filing requirements, this	date will not	be listed a
nument's effective date on the Dep	artment of State's records.			
cord specifies a delayed effective	date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b)	The 90th d	av after the
s filed.				
	2023			
April 25				
cd April 25		Λ		
M	Wr such ANC gnature of a member or authorized repres	Leur-		

Filing Fee: \$25.00