

LD 7000027938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

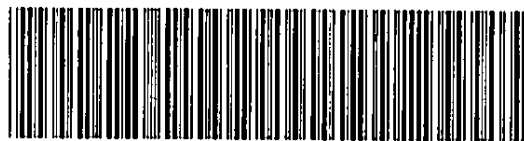
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

CLAUDIA MELENDEZ
7912 N ARMENIA AVE
TAMPA, FL 33604

SUBJECT: SKY HIGH LEARNING ACADEMY, LLC
Ref. Number: L07000027938

We have received your document for SKY HIGH LEARNING ACADEMY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPROATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00022498

*11/13/17
Received today.
ll*

2017 NOV 16 PM 12:23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sky High Learning Academy, 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:

Claudia Melendez

Name of Person

Sky High Learning Academy, LLC

Firm/Company

7912 North Armenia Avenue

Address

Tampa, FL 33604

City/State and Zip Code

skyhighlearnigacademy@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Ross

813

977-9977

at ()

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sky High Learning Academy, LLC

Page 1 of 3

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>
MGR	Claudia Melendez	7912 North Armenia Avenue	<input checked="" type="checkbox"/> Add
		Tampa, FL 33604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 NOV 16 PM 6:47

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

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17 NOV 16 PM 6:45
JAN 1967

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.

(b) The 90th day after the record is filed.

Dated November 14, 2017

Signature of a member or authorized representative of a member

Kenneth Winslow

Typed or printed name of signee