LD 7000027938

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| 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

Received to day.

Received to day.

Signature of the second to the secon

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|---------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| CHID II | cor. | Sky High Leam | ning Academy, LLC | | |
| SUBJE | | Name of Limi | ted Liability Company | + + | |
| The en | closed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please | return all соттеѕро | ndence concerning this matter t | to the following: | | |
| | | Claudia Melendez | | | |
| | | | Name of Person | | |
| | | Sky High Learning Acaden | ny, LLC | | |
| Firm/Company | | | | | |
| 7912 North Armenia Avenue | | | | | |
| | | | Address | ······ | |
| | | Tmapa, FL 33604 | | | |
| | | skyhighlearnigacademy@ve | City/State and Zip Code | | |
| | | | o be used for future annual report notifi | cation) | |
| For fu | ther information c | oncerning this matter, please ca | ill: | | |
| Am | anda Ross | | 813 977-9977 at () | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclos | ed is a check for the | he following amount: | | | |
| □ \$2 | 5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sky High Learning Ac | ademy, LLC | | | |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|---------------------|-------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appe Liability Company) | ers on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on _ | March 14, 2007 | and assigned | |
| Florida document number | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liah | ility company <u>l</u> | ıe <u>re</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liahi | lity Company," the | designation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | -11 |
| | | | 31.1.1 | · ; |
| _ | | | . 0 | : [П |
| Enter new mailing address, if applicable: | | | | · |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | \ |
| | | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address o <u>e</u> : | n our records, <u>enter</u> | the name of the ne | <u>:w</u> |
| Name of New Registered Agent: | | | · | |
| New Registered Office Address: | | · | | |
| | Enter Fl | orida street address | | |
| | City | Florida | 7: 6 | |
| | Ctů, | | 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 |

| Title | <u>Name</u> | Address | Type of Action | | |
|-------|------------------|---------------------------|----------------|--|--|
| MGR | Claudia Melendez | 7912 North Armenia Avenue | Add | | |
| | | Tampa, FL 33604 | □ Remove | | |
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| ctive date, if oth | er than the date o | f filing: | | (on | tianal) | - · · · · · · · · · · · · · · · · · · · |
| ive date is liste the date inse t's effective of rd specifies | d, the date must be spec rted in this block doe date on the Departme s a delayed effec | ific and cannot be a not meet the ap nt of State's reco | prior to date of filing plicable statutory f ords. | or more than 90 days af Tling requirements, t | ter filing.) Pursuant to o his date will not be l | isted as the |
| ne 90th day ar | ter the record is | filed. | . Hot on theoth | e anic, at 12.01 | a.m. on the ea | iller OF: |
| ted Novem | ber 14, | 2017 | <u>}</u> | | • | |
| | 11/1 | | | | | |
| | | | | | | |
| | Signatur | re of a member or | authorized represents | tive of a member | - | |

Page 3 of 3

Filing Fee: \$25.00