

LO7000124994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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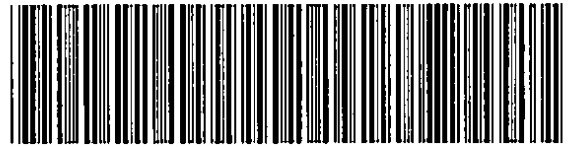
(Business Entity Name)

(Document Number)

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7/22/21
[Signature]

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JUL 3 2021
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FBI

1. 2. 3.

Division of

SUBJECT:

SUBJECT: _____
Name of Limited Liability Company

THE ENCLOSED ARTICLE

Please return all corr

Name of Person

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Address

City/State and Zip Code _____

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

For further information

DARLINE M.

DADUNE MACCHI, DEDEZ 786

DA DUNE MASSIF, BEDFZ	786	713 0280
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_____, at (_____) _____

	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for:

☐ \$25.00 Filing Fee

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☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.

Mailing Address

Mailing Address:
Administrative:

Mailing Address: _____ **Street Address:** _____

<u>Mailing Address:</u>	<u>Street Address:</u>
Registration Section	Registration Section

Registration section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32314
2415 N. Monroe
Tallahassee, FL 32314

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

MINI WORLD LEARNING CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/2007 and assigned
Florida document number L07000124994.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ *VP*

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

[illegible]

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

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E. Effective date, if other than the date of filing: 03/23/2021 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

06/21/2021

Signature of a member or authorized representative of a member

Daphne M. Perez
Typed or printed name of signee

Typed or printed name of signee