

L100000036355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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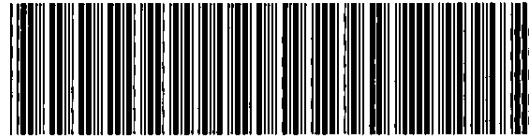
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 7 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Achievers Tutoring, L.L.C.
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:

Mark Washington
Name of Person
Achievers Tutoring, L.L.C.
Firm/Company
212 West 17th Street
Address
Apopka, Florida 32703
City/State and Zip Code
College_entrepreneur1@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mark Washington at (407) 989-4089
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

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

Achievers Tutoring L.L.C.

(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 _____ and assigned
Florida document number L10000036355

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 end with 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)

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 608, 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

MGR = Manager
MGRM = Managing Member

✓ Sole Managing Party, All Others Removed!

MGRM Mark Washington 212 West 17th Street
Apopka, Florida 32703

☐ Add
☐ Remove

MGRM Rodney Washington 928 Vineridge Run Building 5 Apt 207
Altamonte Springs, Fla 32714 ☐ Add ☒ Remove

MGRM Alex Washington 212 West 17th Street ☐ Add
Apopka, Florida 32703 ☒ Remove

MGRM Rosalyn Washington 928 Vneridge Run Bldg 5 Apt. 207 ☐ Add
☒ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

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

SECRET
TALLAHAS
2010 DEC

Dated December 1, 2010

Mark Washington
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Washington

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA