# 2100000004542

(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:

Office Use Only



500336715825

11/19/19--01007--005 \*\*25.00

2019 MOV 19 AM 8: 2: SECRETARY OF STATE **:**:.

Y SULKER DEC 1 7 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MANASOTA ELITE S DUCATORS TASHRANCE, 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:
Scott I. McDowfll Name of Person  MANASOTA SLETE EDUCATORS TASURALCE, LLC Firm/Company  120 Bentwater Irl Address  STAPSONVILLE, SL 29680  City/State and Zip Code  STMUSCE GMATL.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott McPouell at (864) 205-6205  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{\$60.00 Filing Fec, 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

MANASOTA ZLITE	EDUCATORS	INSUIZA	LUCE,	LLC	-
(A Florida Limit	ted Liability Company)	our records.)			
	any were filed on $8/$	1/2010	l .	_ and as	ssigned
					L.C."
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	(Name of the Limited Liability Company's sit now appears on our records.) (A Florida Limited Liability Company)  The of Organization for this Limited Liability Company were filed on 8/1/2010 and assigned ament number 1000014592  The ment is submitted to amend the following:  Iding name, enter the new name of the limited liability company here:  The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Perincipal offices address, if applicable:  Iffice address MUST BE A STREET ADDRESS)  The designation "LLC" or the abbreviation "LLC"  Perincipal offices address, if applicable:  Iffice address MUST BE A STREET ADDRESS)  The designation "LLC" or the abbreviation "LLC"  Perincipal offices address, if applicable:  Iffice address MUST BE A STREET ADDRESS)  The designation "LLC" or the abbreviation "LLC"  The abbreviati				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	nation "LLC" or	the abbrev	viation "	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
			· <u> </u>		
Enter new mailing address, if applicable:			<del></del>		<b></b> .
(Mailing address MAY BE A POST OFFICE BOX)			SED	019	
	<del></del>			NON	11
B. If amending the registered agent and/or registered	l office address on a	ur rogende d	SS		F at the new
registered agent and/or the new registered office address h		ur records, <u>c</u>	77		i i
			92.2		U <sub>.</sub>
Name of New Registered Agent:	·		Δ D En		
New Registered Office Address:					
New Registered Office Address.	Enter Florida	street address		<del></del> -	
		, Florie	da		
	City			Zip Code	P
New Registered Agent's Signature, if changing Registered Age	ent:				
provisions of all statutes relative to the proper and compl	lete performance of my	duties, and	l am fam	iiliar w	ith and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$ \dot{M}GR = M $ $ \dot{A}MBR = M $	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Allison Brooke Cox	3614 61st Ter E	<b>X</b> Add
		Ellenton, FL 34222	□ Remove
			□ Change
AMBR	JOHN PRESCOTI COX	3614 61 ST TERMER E ELLENTON, FL 34222	<b>X</b> Add
		ELLENTON, FL 34222	□ Remove
			☐ Change
			D Add
			Remove
			□ Change
		<del></del>	
			🗆 Remove
			Change
<del></del>			🖸 Add
			□ Remove
			Change
<del></del>			
			□ Remove
			☐ Change

_	
_	
_	
_	
_	
_	
<del></del>	
_	
If an effect Note: 1	te date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
Dated ∠	NOVEMBER 7 , 2019
	Seat & Majarell
	Signature of a member of authorized representative of a member
	( ) = 10

Page 3 of 3

Filing Fee: \$25.00