

L10000082534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

*Amend*

Office Use Only



000279299340

11/23/15--01040--013 \*\*55.00

EFFECTIVE DATE  
12/1/15

FILED  
15 NOV 23 PM 1:00  
SECRETARY OF STATE  
MAIL ROOM/REGISTRATION

*[Handwritten signature]*

11/30/15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Academy Resource Center, 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:

DR. RONALD KOVAC  
Name of Person

Firm/Company

8709 W. LINDENSHIRE DR  
Address

YORKTOWN INDIANA 47396  
City/State and Zip Code

RONJ KOVAC @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Kovac at 765 228-5065  
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

Academy Resource Center, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/05/2010 and assigned  
Florida document number L10000082534

This amendment is submitted to amend the following:

EFFECTIVE DATE  
12/1/15

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

107 Brewster Lane  
Palm Coast, Florida  
32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

107 Brewster Lane  
Palm Coast, Florida  
32137

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:

Ronald Kovac

New Registered Office Address:

107 Brewster Lane

Enter Florida street address

Palm Coast

City

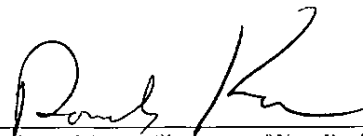
Florida

32137

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dr John SANDS	892 Getty CT	<input type="checkbox"/> Add
		Ponte Vedra Beach	<input checked="" type="checkbox"/> Remove
		Florida 32082	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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12/1/2015

**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.

Dated

11/19/2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ronald D Kovac

Typed or printed name of signee

FILED  
15 NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA