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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: H	E LAKE M Name of Lim	ARU CHRIST I AN ited Liability Company	S ACADEMY, U
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	REN	AE HAM Name of Person	ILTON
		Firm/Company	
	<u>560</u>	WELSON-	BUL
	LAKE	Address MARY, FI	32746
	MISS PE E-mail address: (City/State and Zirl Code O C to be used for future unnual report matrix	amail.com
For further information of	concerning this matter, please co		Q110
Name c	rt HAMICITA	at (+01) 8 18 Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Namengery

, O)	F
Name of the Limited Liability Compar (A Florida Limited L	HRISTI AN ACADEMY, LIC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L\\000079391.	were filed on 07 11 201 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
THE LAKE MARY ACADEM! The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	560 Weldon Bird
Same as before	Lake Mary, Fl 32746
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	Elouido
	, 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

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>	Address	Type of Action
			Add
			□ Remove
			□ Change
			
			□ Remove
			Add
			□ Remove
			☐ Change
			☐ Add
		Remove	
			□ Add
			□ Remove
		Add	
			Remove
			Change

	
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(If an et	tive date, if other than the date of filing: (optional) [Tective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed anneat's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
7 1116)
Dated	2019.

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Filing Fee: \$25.00