## L12000 129444

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2020 JUN - 8 PH 5: 20

O SIMMONS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Cub Acade	ny, LLC	
	Name of Limi	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Madeline	Santelises Name of Person	
	Cub Ac	rademy LLC Firm Company	
	8257 Narco	oossee Park Drig	r Suite 500
	Orlando, FC	32822 City/State and Zip Code	
	cubacade E-mail address: (1	32822. City/State and Zip Code  MUCQ Macil . com to be used for future annual report noti	fication)
	oncerning this matter, please ca		
Madeline Name of Person		at ( <u>401</u> ) <u>203</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
<b>⊠</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	corporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cub Ac	ademy 110.	2020 JUII -8 PH 5: 20	)
(Name of the Limited I	liability Company as it now appear florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _t	October 10,2012 an	d assigned
Florida document number <u>L120001294</u>	<del>11</del>		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company b	nere:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	X)	····	
		-	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		records, enter the name of the	e new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	<u> </u>
	ishter i n		
-	City	, Florida Zip C	

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 2020 JUH - 8 PH 5: 20	Type of Action
MGR	Madeline Santlises	2813 Head Ave SaintCloud FL 34771	&Add
			□Remove
			Change
HGRM	Yaritza Harrero MS	9940 Shadow Creek Drive Orlando, FL 32832	□ Add
			_ Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change
			□Add
			□Remov <b>e</b>
		. <del></del>	□Change
			□Add
			□Remove
			□ Change

## Page 2 of 3

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Tarling Supplies	Jadiu Sutiin		
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated	June 5th 2020.
			Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00