

LL3000011211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

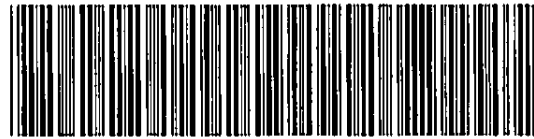
(Business Entity Name)

(Document Number)

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MAY 10 2019
MAY 10 2019

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MAY 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RISE UP LEARNING 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:

SHAKEERA TEAL

Name of Person

RISE UP LEARNING CENTER

Firm/Company

1689 BISCAYNE AVE

Address

SOUTH DAYTONA FL 32119

City/State and Zip Code

msblack370@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON HAWKINS- HOLDEN

386 871-6662
at ()

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**

RISE UP LEARNING CENTER LLC

(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 1/22/2013 and assigned
Florida document number L13000011211.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

SHAKEERA TEAL

New Registered Office Address:

1689 BISCAYNE AVE

Enter Florida street address

SOUTH DAYTONA

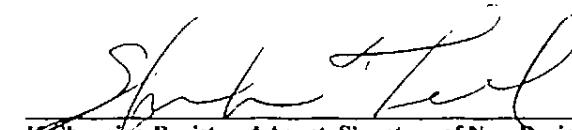
City

, Florida 32119

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	SHARON HAWKINS-HOLDEN	1689 BISCAYNE AVE SOUTH DAYTONA FL 32119	☐ Add
			☒ Remove
			☐ Change
AMBR	NISHA TEAL	1102 WESTBURY POINTE DR APT 302 BRANDON FL 33511	☒ Add
			☐ Remove
			☐ Change
AMBR	ALICIA HAWKINS	1404 CADILAC DR DAYTONA BEACH FL 32117	☒ Add
			☐ Remove
			☐ Change
MGR	SHAKEERA TEAL	1689 BISCAYNE AVE SOUTH DAYTONA FL 32119	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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 **APRIL 30** 2019

Shantal
Signature of a member or authorized representative of a member

Typed or printed name of signee