## 113000044956

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900291812619

900291812619 11/08/16--01035--001 \*\*25.00

SECRETARY OF STATE

D. BRUCE NOV 0 9 2016

## **COVER LETTER**

TO:		istration Se ision of Cor				
CI ID II	г <del>с</del> т.	Primary Lea	arning Academy, LLC			
SUBJI	LCI:		Name of Lim	ited Liability Company	·	_
The en	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return	all correspo	ndence concerning this matter	to the following:		
			Vivian Jimenez			
				Name of Person		
			Primary Learning Academ	у		
				Firm/Company		-
			5041 West 6 Avenue			
				Address	<del> </del>	
			Hialeah, FL 33012			7. 2
			pladaycare@bellsouth.net	City/State and Zip Code		2016 NOV SECRETA
			E-mail address: (	to be used for future annual	report notification)	DN -8 A
For fur	ther in	formation co	oncerning this matter, please ca	ali:		
Vivian	Jimer	nez		305 821	-8881	A II: 10
		Name of	f Person	Area Code	Daytime Telephone Nur	nber ▶
Enclos	ed is a	check for th	ne following amount:			
<b>=</b> \$2:	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi losed) Certi	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
			•			
		Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrat Division Clifton B	COURIER ADDRESS ion Section of Corporations uilding cutive Center Circle	S:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

o <mark>any as it now appears on our records</mark> I Liability Company)	<b>r</b> )	
y were filed on March 20, 2013		_ and assigned
bility company here:		
oility Company," the designation "LLC"	or the abbre	viation "L.L.C."
	SEGRE	2016 NOV
office address on our records	ASSET th	-8
<u>re</u> :	FLORI	) III
	OR.	ō
Enter Florida street address		
, Flo	rida	Zip Code
	bility company here:  bility Company," the designation "LLC"  biffice address on our records re:  Enter Florida street address, Flo	bility company here:  bility Company," the designation "LLC" or the abbre  bility Company," the designation "LLC" or the abbre  bility Company, "the designation "LLC" or the abbre  Enter Florida street address  Florida  Florida

## 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
MGR	Leslie Picallo	12785 SW 22nd Street	■ Add
		Miramar, FL 33027	□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
<del></del>	148.24.24.24.24.24.24.24.24.24.24.24.24.24.	<del> </del>	Add
			TALLAHANDY Change
			med B I
			LORIDA E Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

		<del> </del>		······································			
	· -·					***************************************	
						· <del>-</del> ·· ·	<del></del>
					• •	,	
				<del> </del>			<del></del>
			<u>.</u>	<del>,</del>	<del>Z</del> ee	2016	
			<u> </u>		A A	<u>\$</u> _	
					TAR)	ထ	
			·		H, 9	$\triangleright$	
	·-				LORID		
	<del></del>			·····	<u></u>	-5-	<del></del>
					· · · · · · · · · · · · · · · · · · ·		
ffective date, if other than the date of filing:	16			(opti	onal)		
an effective date is listed, the date must be specific and cannot be plote: If the date inserted in this block does not meet the app			or more than	90 days after	· filing.) Pu		
ocument's effective date on the Department of State's recor		diatatory		· · · · · · · · · · · · · · · · · · ·	y date with		
e record specifies a delayed effective date, but The 90th day after the record is filed.	not a	n effectiv	/e time, a	t 12:01	a.m. on	the ea	rlier of
The Jour day after the record is med.							
September 21 2016							
	·						
, 1							
	1		ntive of a me				

Page 3 of 3

Filing Fee: \$25.00