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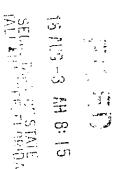
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COVER LETTER

Divi	sion of Corpo	orations		
SUBJECT:	ANNIE BEL	L'S LEARNING ACADEMY	LLC	
SCHOLOTT.		Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		OSWALD REYNOLDS		
			Name of Person	A A A A A A A A A A A A A A A A A A A
		ANNIE BELL'S LEARNIN	IG ACADEMY LLC	
			Firm/Company	
		1561 CASSAT AVENUE		
		Andrew State of the State of th	Address	
		JACKSONVILLE, FL 3221	10	
			City/State and Zip Code	
		josetted2@msn.com	o be used for future annual re	over natification)
E Calcula	6			on nonneation,
For further in	formation cor	ncerning this matter, please cal	II:	
OSWALD R	EYNOLDS		904 4026 at ()	684
	Name of I	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 &

MAILING ADDRESS:

Registration Section

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

ANNIE BELL'S LEARNING ACADEMY LLC 1561 CASSAT AVENUE JACKSONVILLE, FL 32210

SUBJECT: ANNIE BELL'S LEARNING ACADEMY LLC

Ref. Number: L13000074538

TALL AHASSEL TO THE

We have received your document for ANNIE BELL'S LEARNING ACADEMY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00015874

SECRETARY OF STATE

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ANNIE	BELL'S	LEARNING	ACADEMY	LLC
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(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 I Florida document number <u>L13000074538</u>	iability Company were	filed on 05/22/2013		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability co	ompany here:		
	i			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "I	.I.C" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	, ma
			50	=
				= دري
Enter new mailing address, if applicable:			50.	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	······		<u> </u>
			<u> </u>	-
			<u>`</u>	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office a ffice address here:	ddress on our reco	rds, <u>enter the</u>	name of the ne
	1			
Name of New Registered Agent:	OSWALD REYNOLI	os		
New Registered Office Address:	482 PORTOBELLO I	DRIVE		
		Enter Florida street add	lress	
	JACKSONVILLE		Florida 32221	
	Ci	ib.	Zi	v Code

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 b	oeing added
or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OSWALD REYNOLDS		Add
			☐ Remove
			☐ Change
MGR	LEKESHIA REYNOLDS		D Add
			■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		***************************************	□ Add
			Remove Change Add
			Remove
			□ Add
•			□ Remove
			Change

ective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member	The second	1 12
OSWALD REYNOLDS		The state of the s

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Filing Fee: \$25.00