

L13000078744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700249248997

06/26/13--01007--001 **25.00

FILED

2013 JUN 26 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 27 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSEBERRY PRIMARY ACADEMY 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:

EVELYN R GONZALEZ EA MBA

Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS LLC

Firm/Company

5701 DOGWOOD DR

Address

ORLANDO FL 32807

City/State and Zip Code

ACCORL@AOL.COM

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

For further information concerning this matter, please call:

EVELYN R GONZALEZ

Name of Person

at **407 281-0227**

Area Code & Daytime Telephone Number

FILED
2019 JUN 26 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

ROSEBERRY PRIMARY ACADEMY 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 JUNE 1, 2013 and assigned
Florida document number L13000078744.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2013 JUN 26 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---------------------------|--|
| MGR | SANDRA I VIDO SILVA | 442 FIELDSTREAM WEST BLVD | <input type="checkbox"/> Add |
| | | ORLANDO FL 32825 | <input checked="" type="checkbox"/> Remove |
| MGR | SANDRA I VIGO SILVA | 442 FIELDSTREAM WEST BLVD | <input checked="" type="checkbox"/> Add |
| | | ORLANDO FL 32825 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

FILED
JUN 26 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CORRECT TITLE POSISTION JUAN M BERRIOS COLON

CORRECT TITLE MGR INSTEAD NGR

Dated JUNE 24, 2013



Signature of a member or authorized representative of a member

JUAN M BERRIOS COLON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUN 26 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA