



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TUTORING FUTURE NURSES 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:

My Corporation Business Services, Inc.

Name of Person

Firm/Company

23586 Calabasas Road, Suite 102

Address

Calabasas, CA 91302

City/State and Zip Code

processing@mycorporation.com

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

For further information concerning this matter, please call:

My Corporation Business Services, Inc.

at ( 877 ) 672-6772

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 AUG 22 PM 5:05

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TUTORING FUTURE NURSES 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 08/15/2013 and assigned Florida document number L13000115727.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4078 Pebble Brooke Circle North

**(Principal office address MUST BE A STREET ADDRESS)**

Orange Park, FL 32065

Enter new mailing address, if applicable:

4078 Pebble Brooke Circle North

**(Mailing address MAY BE A POST OFFICE BOX)**

Orange Park, FL 32065

**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 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 AUG 2013 5:05 PM

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>
MGRM	GLOVER, PORTIA	4078 Pebble Brooke Circle North	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	GLOVER, BEVERLY	4078 Pebble Brooke Circle North	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	GLOVER, WILLIE	7200 ANNANDALE DR	<input type="checkbox"/> Add
		PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 AUG 12 11:50 AM '08

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

Lined area for amending information.

15 AUG 22 PM 5:05  
MURPHY STATE  
SECRETARY OF STATE  
ALEXANDER E. TORIBIO

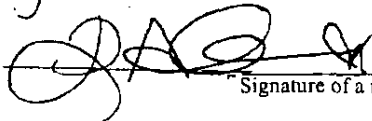
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 15, 2016



Signature of a member or authorized representative of a member

Portia Glover, MGRM

Typed or printed name of signee