

L14000002979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2015 DEC 15 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Cullum DEC 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Excelsior Learning 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:

Sella Marie Jean Bartolte
Name of Person

Excelsior Learning Academy
Firm/Company

4231 Walnut Bend Suite 300
Address

Jacksonville FL 32257
City/State and Zip Code

excelsiorlearningacademy04@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sella Marie Jean Bartolte at (904) 723-1751
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 15 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2015

ELLA MARIE JEAN BAPTISTE
4231 WALNUT BEND
SUITE 300
JACKSONVILLE, FL 32257

SUBJECT: EXCELSIOR LEARNING ACADEMY LLC
Ref. Number: L14000002979

We have received your document for EXCELSIOR LEARNING ACADEMY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00025083

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 DEC 15 AM 8:17

Excel's Learning Academy LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L14000002979.

This amendment is submitted to amend the following:

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

Excel's Learning Academy LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

4231 Walnut Bend Suite 300
JACKSONVILLE FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4231 Walnut Bend Suite 300
JACKSONVILLE FL 32257

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:

Yella Marie Jean Baptiste

New Registered Office Address:

4231 Walnut Bend Suite 300

Enter Florida street address

JACKSONVILLE, Florida 32257
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

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	Christela Amonkou	8218 Green Parrot Rd	<input type="checkbox"/> Add
		Unit 207.	<input checked="" type="checkbox"/> Remove
		Jacksonville FL 32256	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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2015 DEC 15 AM 8:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

12/4/15

Signature of a member

Signature of a member or authorized representative of a member

Zella Marie Joan Karkute
Typed or printed name of signee

Typed or printed name of signee