Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future - annual report mailings. Enter only one email address please. ---

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GR8 TUTOR LLC**

PLEASE FILE SECOND, AFTER REV. OF DISS. FOR GR7 TUTOR LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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AUG 1 0 2020

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Gr8 Tutor, LLC	•		
(Name of the Limited Liability (A Florids L.	Company as it now appears o imited Liability Company)	our records.)	,
•	,		
The Articles of Organization for this Limited Liability Con	npany were filed on		_ and assigned
Florida document number L14000012644	•	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here		•
Pigeon Forge, LLC			
The new name must be distinguishable and contain the words "Limite			
Enter new principal offices address, if applicable:	3389 Sheridan Str	oct #113, Hollywood, F	L 33021
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
•			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			. :
			· · · · · · · · · · · · · · · · · · ·
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, enter the name	of the new regist
	. Designed of the Street of the state of the		
• • • • • • • • • • • • • • • • • • • •	OF ASSESSMENT	;	
Name of New Registered Agent:	11 mg + 1884		<u> </u>
New Registered Office Address:	Enter Florid	street address	
	•••		
· ·	City	, Florida	Zip Code
Antique Called Antique	\$1.50 m	•	
New Registered Agent's Signature if changing Registered			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of n ent as provided for in Ch	ry duties, and I am f capter 605, F.S. Or,	amutar with and if this document i
·			<i>.</i> •

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Dror Ben-Aharon	3389 Sheridan Street #113, Hollywood, FL 33021	•
			☐Remove ·
	`		
			Change
AMBR	Ayivit Ben-Aharon	3389 Sheridan Street #113, Hollywood, FL 33021	
		·	🗏 Add
			Remove
	(s, c, c, c, c, c, c, c, c, d, c, d, c, d, c, c, d, c, d)	·	Change
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			Change

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