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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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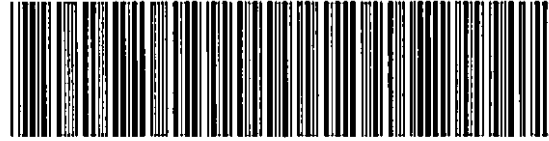
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ivy League Prep, 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:

Samuel B. Silverman

Name of Person

Ivy League Prep, LLC

Firm/Company

954 AVENIDA JUAN PONCE DE LEON, SUITE 205

Address

SAN JUAN, PUERTO RICO, FL 00907

City/State and Zip Code

samsilverman@gmail.com

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

For further information concerning this matter, please call:

Samuel B. Silverman

Name of Person

at (561)

Area Code

3865356

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

THIS AMENDMENT WILL:

(1) CHANGE THE ADDRESS FOR SAMUEL B. SILVERMAN

(2) CHANGE THE PRINCIPAL AND MAILING ADDRESS OF THE COMPANY

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

Ivy League Prep, 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 03/24/2014 and assigned
Florida document number L14000050514.

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:

954 AVENIDA JUAN PONCE DE LEON, SUITE 205

(Principal office address MUST BE A STREET ADDRESS)

SAN JUAN, PUERTO RICO 00907

Enter new mailing address, if applicable:

954 AVENIDA JUAN PONCE DE LEON, SUITE 205

(Mailing address MAY BE A POST OFFICE BOX)

SAN JUAN, PUERTO RICO 00907

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

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>
AMBR	SILVERMAN, SAMUEL B	268 Calle dos Hermanos	<input type="checkbox"/> Add
		Unit 5	<input type="checkbox"/> Remove
		San Juan, Puerto Rico 00907	<input checked="" type="checkbox"/> Change
MGR	SILVERMAN, SAMUEL B	268 Calle dos Hermanos	<input type="checkbox"/> Add
		Unit 5	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated July 9, 2020



Signature of a member or authorized representative of a member

Samuel B. Silverman

Typed or printed name of signee