L14000188285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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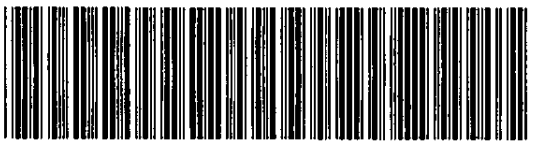

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03/16/15--01034--024 **25.00

FILED
15 APR 28 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2015

SHAWANDA DENNIS
3500 S PINE AVE
OCALA, FL 34474

SUBJECT: WIZ KID'S LEARNING ACADEMY LLC
Ref. Number: L14000188285

We have received your document for WIZ KID'S LEARNING ACADEMY LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00006566

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Wiz Kid's 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:

ShaWanda Dennis
Name of Person

Wiz Kid's Learning Academy LLC
Firm/Company

3500 S. Pine Ave
Address

Ocala Fl 34474
City/State and Zip Code

dennis.shawanda@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ShaWanda Dennis at (352) 875-0569
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Wiz Kid's Learning 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 12/10/14 SD and assigned Florida document number L14000188285.

12/10/14 SD

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)

15 APR 28 PM 12:06
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: Shawanda Dennis

New Registered Office Address: 3500 S. Pine Ave

Enter Florida street address

Ocala, **Florida** 34474

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. Shawanda Dennis

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Wanda Jones		☐ Add
			☑ Remove
MGR	Angel Hunter		☐ Add
			☑ Remove
AMBR	Wanda Jones		☐ Add
			☑ Remove
AMBR	Angel Hunter		☑ Add
			☑ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
15 APR 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Wiz Kid's Learning Academy LLC 12/10/14
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:

Shawanda Dennis
Name of Person

Wiz Kid's Learning Academy
Firm/Company

3500 S. Pine Ave
Address

Ocala Fl 34474
City/State and Zip Code

dennis.shawanda@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawanda Dennis at 352 875-0569 352.304-6526
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)

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Tallahassee, FL 32301

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

Please remove Angel Hunter and Wanda Jones off of anything associated with Wiz Kids Learning Academy LLC.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.

Shawanda Dennis

Signature of a member or authorized representative of a member

Shawanda Dennis

Typed or printed name of signee

4-21-15

Filing Fee: $25.00

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15 APR 28 PM 12:17
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TALLAHASSEE, FLORIDA