

LI50000 14699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

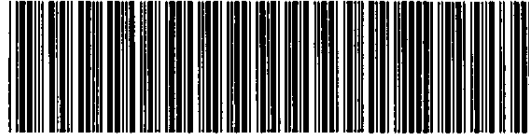
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015 MAY 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUTOR ONE LEARNING CENTER 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:

DAVID ROHR

Name of Person

TUTOR ONE LEARNING CENTER LLC

Firm/Company

850 WEST 49TH ST STE 617

Address

HIALEAH, FLORIDA 33012

City/State and Zip Code

DAVIDROHR001@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID ROHR

305 4582835
at ()

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

TUTOR ONE LEARNING CENTER LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SONIA HURTADO	850 WEST 49TH STREET STE 617	☒ Add
		HIALEAH, FL 33012	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 APR 2008 AM 8:33
☒ Add
☐ Remove
☐ Add
☐ Remove

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

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 APRIL 23, 2015



Signature of a member or authorized representative of a member

DAVID ROHR

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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