L15000021615

(Requestor's Name)
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2017 JUL 14 PM 2: 57

K. SALY JUL 18 2017

COVER LETTER

TO:	Registration Se Division of Cor			
CLIPA		Academy Limited Liability Cor	mpany	
ZOBJ	ECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kelis Richard		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Prepminds Academy Limit	ed Liability Company	
			Firm/Company	···
		2908 Grand Boulevard		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Holiday, Florida, 34690		
			City/State and Zip Code	
		kelismor@gmail.com		
City/State and Zip Code			cation)	
For fu	rther information c	oncerning this matter, please ca	stl:	
Kelis	Richard		813 446 3562	
	Name o	f Person	Address Address City/State and Zip Code Com City/State and Zip Code Com Com Com Com Com Com Com Co	
Enclo	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

ZOIT JUL 14 PM 2:52

TALLAHASSEE, FLORIDA

Sunshine Kids Academy of Holiday

(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 L	iability Compar.	ny were filed on Febr	irary, 4, 2015	and assigned
Florida document number L15000021615	. <u> </u>			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited lis	bility company her	<u>e</u> :	
Prepminds Academy LLC				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE				
				
Enter new mailing address, if applicable:		2908 Grand Boul	evard	
(Mailing address MAY BE A POST OFFICE	ROX)	Holiday, Florida,	34690	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address he	ere:	our records, enter t	he name of the new
New Registered Office Address:	2908 Grand E			
		Enter r toric	la street address	
	Holiday,		Florida 3469)(;
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regularing filed to merely reflect a change in the company has been notified in writing of this	per and completistered agent as registered office	te performance of n s provided for in Cl	ny duties, and I am fa napter 605, F.S. Or, i	miliar with and f this document is
	If Ch	anging Registered Age	nt, Signature of New Reg	istered 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 Title Name <u>Address</u> **Type of Action** ☐ Remove □ Add _□ Remove □ Change _□ Add ☐ Remove □ Change _□ Remove __ Change _____ Remove ☐ Change

Yote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.			
The 90th day after the record is filled. (optional) (an effective date, if other than the date of filling: (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.			
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Typed or printed name of signee

Filing Fee: \$25.00