# 11500021615

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Scinskine Kids Accident & Holiday 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:
Adries Deslie Name of Person
PREPMINDS ACADEMY LLC
2908 BRAND BLVD. Address
HOLIDAY FL 34690  City/State and Zip Code  SSIOSA BAMOIL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A6h ley Cestie at (727) 934 65 04  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

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 \_ and assigned Florida document number <u>\_\_ 15000021615.</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREPMINDS ACADEMY LL C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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) 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: 13511 Plantation Lake Cirle

Enter Florida street address

Hudgen Florida 34669 New Registered Office Address:

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>	Address	Type of Action
MGR	Kelis Richard	1932 NADINE KOAD, APT	
		207, WESLEY CHAPEZ	<b>Z</b> ∤Remove
		33.644	Change
MGR	Ashley Coolie	13511 Plantation Lake	<b>Z</b> Add
	,	Circle, Hullson, 3466	9 □ Remove
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n, on the earli	er of
	12.17. 2017		
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Filing Fee: \$25.00