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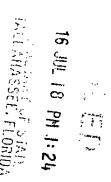
Requestor's Name)	
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☐ WAIT	MAIL
Business Entity Name)	
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Certificates of	Status
to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TUTOR WITH JOY dan UC 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:
Catherine Thumpsun
Tutor With Jordan UC
12013 Alexandra DRIVE
Jacksonville, Fl 39218 Gity/State and Zin Code
Tutor With Jordan UC Firm/Company 12013 Alexandra Drive
For further information concerning this matter, please call:
Catherine Thompson at (911) 955-9816 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \times S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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**

Tutor with	brdan UC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000091947</u> .	were filed on $\frac{5/36/3015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words Limited Liabil.	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12013 Alexandra DR Jacksonville, Fl 30018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12013 Alexandra DR Jacksonville, Fl 32218
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Cath	erine Thompson Alexandra DR
New Registered Office Address: 12013	All Yandra DR Enter Floridu strect address
Jackson	
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 decument 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 amending	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:				
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			☐ Change		
			Remove		
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•			STATE OF THE STATE
(If an ei Note:	tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	ite of filing or more than 90 days after filing.) Pu	irsuant 605.020

Page 3 of 3

Filing Fee: \$25.00