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COVER LETTER

Division of Corporations
SUBJECT: Tallahassee Homeschool String Orchestra 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:
Joanna Pepple Name of Person
Tallahassee Homeschool String Orchestra
4116 Heniard Drive
Tallahassee, FL 32303 City/State and Zip Code
City/State and Zip Code tall yhome Schools trings@gmail.com E-mail address: (to be used by future sumual report notification)
For further information concerning this matter, please call:
Joanna Pepple at (678) 662-021 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Tallahassee Homeschool String Orchestra
(Name of the Limited Liability Company as it now uppears on our records.)

	• • •		
The Articles of Organization for this Limited I. Florida document number ± 160000	lability Company were filed on Ja 10849	muary 15, 201	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company her	<u>v</u> :	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the de	signation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			773 A TOUR
			0 - 4 2 - 2
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on fice address here:	our records, enter	the name of the nev
Name of New Registered Agent:	Joanna Peppl	e	
New Registered Office Address:	4116 Heniara	d Drive	-
	Tallahassee	Florida _	32303
	C-411		and a charact

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.

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> Name **Address Type of Action** AMBR Jennifer Morgan 2130 Atchena Nene and Tallahassee, FL 32301 Remove ___ 🗆 Change _□ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change _D Add ☐ Remove _□ Change _□ Add _□ Remove

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record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the	earli
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Danie Plyce Signature of a member of authorized representat		

Page 3 of 3

Filing Fee: \$25.00