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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	<u> </u>
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	e Homeschool String Orchestra	ı	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vicky Bufano		
		Name of Person	 -
	Tallahassee Homeschool S	String Orchestra	
		Firm/Company	
	3122 Mahan Drive, Ste. 8	01-346	2022 SEC TA
		Address	JAN I
	Tallahassee, FL32308		
		City/State and Zip Code	OF S
	tallyhomeschoolstrings@gi E-mail address: (nail.com to be used for future annual report notif	ication)
For further information e	concerning this matter, please c	•	m G
Vicky Bufano		321 626-9226 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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 S Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 632 Tallahassee,		The Centre of Ta	allahassee Street, Suite 810
i alialiassee,	المشارينا	AHTO IN MONIO	Julice, Julie 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tallahassee Homeschool String Ore			
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited l	ny as it now appears on our re Lability Company)	ecords.)
he Articles of Organization for this Limited L	iability Company	were filed on $\frac{01/15/2016}{}$	and assigned
lorida document number 1.16000010849	,		
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
ne new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	
nter new principal offices address. if applicable: Principal office address MUST BE A STREET ADDRESS)		3211 Mahan Drive	2022 SEC
		Ste. 801-346	JA N
		Tallahassee, FL 32308	
nter new mailing address, if applicable:			PH 2
Aailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
. If amending the registered agent and/or regent and/or the new registered office address	•	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:	Vicky Bufano		
New Registered Office Address:	3211 Mahan D	rive, Ste. 801-346	
		Enter Florida street a	ddress
	Tallahassee		, Florida <u>32308</u>
		City	Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Vicky Bufano	3211 Mahan Drive	□ Add
		Ste. 801-346	□Remove
		Tallahassec, F1.32308	□Change
AMBR	Joanna Pepple	4116 Heniard Drive	□Add
		Tallahassee, FL 32303	<u>⇔</u> ≥ ■Remove
			SECRETARY Change
			☐ ☐ ☐ Remove
			□Add
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			□Change

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an effective date is listed, the date m	lock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
January 6	. 2022	
paied		
Dated	Payers Signature of a member or authorized represent	tative of a member

Filing Fee: \$25.00