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COVER LETTER

LLC

TO: Registration Section Division of Corporations		
SUBJECT: ENLIGHTENED Name of Letters Name of Letters	LEARNING EDUCA imited Liability Company	TIONAL PRACTICE,
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
SHA1	NE BEATTY Name of Person	
SHANE BE	EATTY ACADEMIC	MENTORING, LLC
9005 B	AYWOOD PARK DRI	VE
SEMINOLE	E FL 33777 City/State and Zip Code	ZNE SCI CO WAS autom)
Sbbea E-mail addres	s: (to be used for future almual report notific	ा है ⊈ है
For further information concerning this matter, please	e call:	i i i
LAURA ENGELHARDT Name of Person	at (121) 469 - Area Code Daytime	3399 ₩ Windows
Enclosed is a check for the 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 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

ENLIGHTENED LEARNING	G EDUCATIONAL PRACTICE, LIC
ENLIGHTENED LEAR MINE (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 21116 and assigned
Torida document number <u>L1600033224</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
SHANE BEATTY ACADEMIC The new name must be distinguishable and contain the words "Limited Liability	MENTORING, LLC Company," the designation "LLC" or the abbreviation "L.L.C."
/ Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	NO CHANGE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	NO CHANGE
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	C) (**
Name of New Registered Agent:	NO CHANGE
New Registered Office Address:	NO CHANGE
	Enter Florida street address
	, Florida
	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 rtie **Name** Address **Type of Action** Db∧ □_ □ Remove ☐ Change □ Add □ Remove ☐ Change □ ∧dd □ Remove ☐ Change □ Add Remove Dydq [1] Remove _□ Change □ Add ☐ Remove ☐ Change

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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	this block does r	not meet the applic	able statutory filing	(opti re than 90 days after requirements, thi	onal) r filing.) Pursuant to s date will not be	605.0207 (listed as t
the record specifies a c The 90th day after t			ot an effective til	me, at 12:01 a	a.m. on the ea	rlier of:
Dated Och.	13	1016 Jm.	San	j .	nyo (_
	Signature St	FANE	BEAT	TY T		_

Page 3 of 3

Filing Fee: \$25.00