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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #	<i>y</i> )
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
(D)	ocument Number)	
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SECRETARY OF STATE
FALLAHASSEE. FLORIDA

APR 2 0 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT:	CORRETA Name of Lim	COLLEGE LLC	2	
	nendment and fee(s) are sub-	•		
	JEREMY	D. CORRETA  Name of Person	<u></u>	
	CORRETA	CORPORATI Firm/Company	-0N	i
	1338 S HI	FAWASSEE RD Address	#118	ACCAHA  16 APR
		City/State and Zip Code  Correi a Corp  to be used for future annual report hoti		16 APR 19 PM 2: 19
For further information con-	cerning this matter, please ca	all:		
JEREMY D	CORRETA erson		8885 e Telephone Number	
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 State Certified Copy (additional copy is enc	
	G ADDRESS: on Section	STREET/COURI Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

CORRETA COL	ny as it now appears on our reco	rds.)
(A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/22	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	WA	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		P FET
	1.	9 8 E G
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		5: -0-11 11.12
		<b>ਰ</b> ਉਸੀ
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:		rds, enter the name of the new
New Registered Office Address:	Enter Florida street addr	PASS
<del></del> -	, <b>I</b> Citv	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	on,	Σφ couc
I hereby accept the appointment as registered agent and agra		

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> Address **Type of Action** 4118 JEREMY D. CORRETA 1338 S HE AWASSEE RD AMBR ORLANDO FL 32835 ☐ Change #118 CORRETA CORPORATION 1338 S HIAWASSEE RD XAdd ORLANDO FL 32835 □ Remove ☐ Change □ Add □ Remove □ Change □ Add \_□ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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	<u> </u>	
		16 APR 19
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		2: 19
ffactiva	date, if other than the date of filing: (optional)	
Note: If t	date, if other than the date of filing:	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. o oth day after the record is filed.	in the earlier of
ated	APRIL 15 , 2021	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00