L16000 045 664

(Requestor's Name)	
(Address)	20033663
(Address)	2000000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/15/1901017-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



8142

--ԱՄԵ +•25,ՄՄ

. .

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	History Edu	cational Services, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
ricase return	an correspon	ndence concerning this matter	to the following.	
		Laura Caruso		
			Name of Person	
		History Educational Service	ces, LLC	
			Firm/Company	
		737 Wild Cypress Circle		
			Address	
		Ponte Vedra, FL 32081		
		mrsc@providentialhistory.n	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all;	
Laura Caruso	D		407 346-5512 at ()	* <u>* * * * * * * * * * * * * * * * * * </u>
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

TO:

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

rustory Educational Services, LLC		
(<u>Name of the Limited Liahi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number 116000045664	Company were filed on March 4, 2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
		<u> </u>
)
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		
		•
. If amending the registered agent and/or registered agent and/or the new registered office ad		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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>	Address	Type of Action
MGR	Brett Caruso	737 Wild Cypress Circle Ponte Vedra, FL 32081	Add
			■ Remove
			☐ Change
AMBR	Brett Caruso	737 Wild Cypress Circle Ponte Vedra, FL 32081	
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

-	
-	
-	
_	
_	
-	
-	
_	
_	
_	
_	
-	
_	
_	
_	
-	
-	
	November 5, 2019
(If an eft Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 5 2019
1 3791876	·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00