

L16 0000 8476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

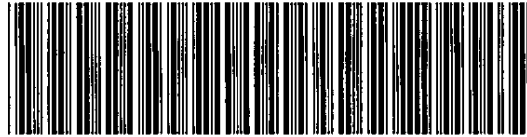
(Business Entity Name)

(Document Number)

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JUL 19 P 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 20 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRONG FOUNDATIONS ACADEMY LLC  
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:

Don Biroschik

Name of Person

Don Biroschik CPA PA

Firm/Company

35 Knight Boxx Road #4

Address

Orange Park, FL 32065

City/State and Zip Code

Ashley.L.Hooks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroschik

904 276-2262  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Strong Foundations Academy LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/4/2016 and assigned  
Florida document number L16000088476.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1860 Town Hall Circle, Suite 59

*Enter Florida street address*

Fleming Isle

*City*

, Florida 32003

*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>	<u>Type of Action</u>
AMBR	Ashley Hooks LLC	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kellianne Montgomery LLC	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Karma Flotkoetter LLC	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Donald L. Brusch  
Typed or printed name of signer

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TREASURY  
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