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(Address)
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COVER LETTER

TO:	Registration Se Division of Cor					
e110 107		EDUCATORS LLC		·		
SUBJE	CI;	Name of Limi	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		NIRJHAR SHAH				
			Name of Person			
		KTHRU12 EDUCATORS	LLC			
Firm/Company						
		17221 BROADOAK DR.				
			Address			
		TAMPA FL - 33647				
		nirjharshah@gmail.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For furtl	her information c	oncerning this matter, please ca	all:			
Nirjhar	Shah		813 454-7852			
	Name o	f Person	Area Code Daytime	: Felephone Number		
Enclose	d is a check for the	ne 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)		
	MAIL	ING ADDRESS:	STREET/COURL	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KTHRU12 EDUCATORS LLC			
(Name of the Limite	ed Liability Compa (A Florida Limited l	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Li Florida document number L16000114490	ability Company	were filed on June 14 2016	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the designation "LA	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	17221 Broadoak Dr.	
(Principal office address MUST BE A STREET ADDRI		Tampa FL -33647	18
			33S
		-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			9 J
			25 26
B. If amending the registered agent and/oregistered agent and/or the new registered of	• •		ds, enter the name of the n
Name of New Registered Agent:	-		
New Registered Office Address:	17221 Broadoa	k Dr.	
		Enter Florida street addi	PCSS
	Tampa	, I	Florida <u>33647</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 = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
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Effect	tive date, if other than the da	te of filing:		(optional)	
lf an ef	fective date is listed, the date must be. If the date inserted in this block	specific and cannot be prior		han 90 days after filing.) P	
	nent's effective date on the Depa			quirements, this tate wi	ii not be iisteti t
	cord specifies a delayed e 90th day after the record		ot an effective time	e, at 12:01 a.m. or	the earlier
		2010			
Dated	September 14th	. 2018	·		
		x1 0/	0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00